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ABSTRACT

This report, resulting from presentations at the 105th Annual Forum of the National Conference on Social Welfare in May 1978 in Los Angeles, California, outlines the interactions between families and society in America. It emphasizes the importance of creating social supports that will assist and strengthen families in their efforts to fulfill expected functions successfully for themselves and for the benefit of society. Additionally, the report focuses on changes in family structure and functions that are generating widespread concern, and examines and recommends public policies that could be established or modified to address areas of concern such as childrearing, physical and emotional health, employment and financial needs, education, social services, and aging. (Author/HLM)

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The National Commission on Families and Public Policies

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FAMILIES AND PUBLIC POLICIES IN THE UNITED STATES

Final Report of the Commission

CG 014161

national conference on social welfare

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NATIONAL CONFERENCE ON SOCIAL WELFARE

John B. Turner
President, 1977-79

Margaret Berry
Executive Director

Dorothy B. Hurwitz
Director of Washington Projects

Gail C. Greer
Staff Associate

Barbara Chowney
Staff Assistant

1730 "M" St. N.W. 20036
919 18th Street, N.W., Suite 620, Washington, D.C. 20006
225 Park Avenue South, New York, N.Y. 10003
22 West Gay Street, Columbus, Ohio 43215

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NATIONAL CONFERENCE ON SOCIAL WELFARE

22 West Gay Street
Columbus, Ohio 43215

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FOREWORD

The National Commission on Families and Public Policies was established in April 1977 as a cooperative effort of the National Conference on Social Welfare and the former Social and Rehabilitation Service, parts of which are now the Office of Human Development Services of the Department of Health, Education, and Welfare. This joint effort was undertaken to secure the participation of a broad cross section of individuals and organizations concerned with national human services policies affecting American families, to assess how human services to families are organized and delivered, and to recommend alternative strategies for delivering services needed by families in the United States.

The report of the Commission was designed to provide HEW with timely comment and recommendations from the Commission members and the NCSW constitutency reflecting concerns of the public regarding public policies and their effect on families, and to list issues for the discussions to take place throughout the country in preparation for the White House Conference on Families originally scheduled for December 1979 and then postponed until 1981.

This subject is so all-encompassing that the most difficult task the Commission faced was to narrow down the issues to be addressed. Omission of areas such as housing, environment, taxes, etc. was not by oversight but rather by design, to take advantage of the special expertise of the Commission members and because of limitations of time and resources. A somewhat heavier emphasis was placed on childrearing, traditionally a major function of families.

Since much has already been written about the history and problems of families, it was the decision of the Commission that this report would only briefly touch on those points as they are useful for the Commission's perspective, and concentrate on what can be done *to provide overall support systems to families.*

The essence of the report lies in the nature of the Commission itself — its membership and the way in which it worked. It reflects the limitless scope of the subject, the broad diversity of styles and commitments, the dedications to personal points of view, and an overriding desire to develop meaningful recommendations in spite of great differences of opinion — in short, a reflection of American social forces. Each member of the Commission contributed his or her own particular expertise to the preparation of the report.

The members of the Commission were carefully chosen from over 300 names suggested by more than 200 organizations and individuals in the human services fields. Composed of eighteen men and women with diverse perspectives and experience, the Commission was guided in its deliberations by its chairwoman, Mrs. Cynthia Wedel and vice chairman, Peter Forsythe.

A preliminary report was prepared for the Pre-Forum Institute, A National Speak-Out on Families, and a General Session of the 105th Annual Forum of the National Conference on Social Welfare in May, 1978 in Los Angeles, California for the comments of the participants. This report was also submitted to a number of HEW officials for their review and comment. The Commission met subsequently to consider all of the comments and recommendations. As a result a substantial revision was made in the final report.

The Commission grappled continually, both in the discussions within the Commission membership and with the participants at the Institute, with the requests that this report make specific recommendations for program planning and development and resource allocation. However, it must be noted that the report was designed to provide policy recommendations primarily and that, as such, concentrates on broad goals for the development of explicit public policies for families.

The report will be distributed widely throughout the NCSW constituency, to legislators, policymakers, program planners and interested individuals.

The Commission was convened by the National Conference on Social Welfare with financial support from the Office of Human Development Services. The ideas expressed and the recommendations set forth are solely those of the Commission, and do not necessarily reflect the views of any NCSW member organizations, their staffs, or any other private or public entities.

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The National Conference on Social Welfare (NCSW) is a voluntary organization of over 5000 individuals and 1500 national, state and local agency members representing all aspects of the health, welfare, and human services fields, both public and private. Its National Associate Groups have local affiliate organizations which number in the hundreds and whose individual membership totals over five million.

Today, as the only autonomous national human services organization so broadly inclusive in character, it provides a truly representative national forum for discussion of human services issues. It is the only organization which can command the resources and attention of a broad spectrum of disciplines and organizations to provide the education and information useful for the development of public policy and practice.

Cynthia Wedel
Chairwoman

Dorothy B. Hurwitz
Project Director

July 1978
Washington, D.C.

ACKNOWLEDGEMENTS

The National Conference on Social Welfare would like to express sincere appreciation to David Smith, the Commission's first project officer, to Mary Jane Cronin, his successor and to Sue Bogner, the Commission's current project officer, all of HEW, for their sustained interest and participation in the Commission's work.

Special thanks must go to many people who have contributed in various ways to the work of the Commission: William Bechill, as initial project director; Paul Mott, for his preparation of the background papers for the Commission's work, and for his generous assistance to the Commission and NCSW; and Gail Greer, Barbara Chowney and Wendy Cleland-Hamnett of the NCSW Washington Office for their dedicated efforts. Margaret Berry, Executive Director of the NCSW, must also receive special thanks for her constant guidance and support.

INTRODUCTION — A POINT OF VIEW

Families are one of the essential foundations of a society. In recent years, families in the United States have been undergoing changes so extensive that some have questioned whether they can survive. For those families that are different or poor, this has caused extensive pain and damage. Yet they continue to be expected to perform functions vital to the continued existence of the society and its members, functions that cannot be performed by other elements of society. Permanent disruption of these functions would create serious repercussions throughout the society. Thus, the critical dilemma, central to the work of this Commission, is how families can continue to carry on their essential functions when their capacity to perform them is threatened and undermined by profound changes occurring in the society.

This report outlines the interactions between families and society in America and emphasizes the importance of creating social supports that will assist and strengthen families in their efforts to fulfill expected functions successfully for themselves and for the benefit of society. The report focuses on those changes in family structure and functions that are generating widespread concern, and examines public policies that could be modified or established to address these areas of concern.

Public policies which affect families in America are often confused and contradictory. They are not always written with families in mind. Furthermore, there has not been systematic attention to the influence and effects of public policies on families in any consistent way. Families are expected to take care of themselves and their own. Outside help is often

provided with uncertainty and results in stigma for a portion of our population. Often it is only when the problems of a family mount to crisis proportions — as, for example, in child abuse — that outside intervention is considered appropriate. And the interventions offered at these critical points usually consist of actions that supplant or replace the family — e.g., placement of a child, a handicapped person or an aging parent in substitute care — rather than support it. As a result of these inconsistent and contradictory values, a concern with families is conspicuously absent in many areas of public policy in America; and in those areas where family policy is explicit, such policies have tended to spawn large programs that provide substitutes for families. Thus, concern with measures that would strengthen families and prevent their breakdown is not sufficiently manifest in public policy in America.

Even the question of how to define "family" is a controversial issue of fundamental concern to many in the United States. The Commission has taken a pluralistic view of families, recognizing that while most families are still traditional, forms and lifestyles vary over time and by ethnic, religious, cultural and regional heritage. Such diversity can be a source of confusion that inhibits the formulation of public policies for families, but the confusion is reduced when it is recognized that the *enormous variety of family forms and lifestyles is transcended by a set of common functions that are expected of nearly all families.*

The Commission has been guided by the perception that families in all cultural groups are expected to be the first line providers of:

- unconditional love and affectional ties
- economic and other life supports
- basic education and socialization
- health care
- social services.

In health, for example, despite the rapid expansion of health services, the fact remains that the overwhelming bulk of primary health care — diagnosis, treatment and prevention — is provided in families, by one member to another. Moreover, any substantial increments in the general

health of the population in the future are likely to depend more on changes in lifestyle than on advances in medical science; if these changes in lifestyle are to occur, families obviously will have to play a major role in implementing them. In the social service area, families are the main source of child care, chore service, respite services, convalescent care and personal counseling for most members of society. And with the exception of those infants reared in institutions, nearly all persons learn language, basic social skills, norms, and values in families.

The schools, the major non-family provider concerned with education and socialization, recognize the primacy of the family, at least in the tendency of educators to attribute to families the responsibility for children who present problems in school, and for promoting the motivation to learn that is essential to successful education. The dominant concerns that shape economic policy give too little attention to families. For example, although it has been demonstrated that unemployment devastates families, the nation has yet to launch a major assault on this fundamental social problem.

The Commission believes that, broadly interpreted, families are like agencies — comparable to the schools, the health and social service agencies — each with authority to do something for somebody else, and yet families themselves have been the major missing ingredient in social policy development.

Although considerable attention is paid to the resource needs of other health, economic, social service and educational agencies, too little consideration is given to whether families have the resources and skills they need to perform their fundamental functions in these and other areas. This report attempts to address that question, and to recommend policies that will begin with the strengths of families and build upon them. In formulating its recommendations, the Commission has a clear preference for policies and programs that:

- give families the responsibility for choosing among the available options,
- provide assistance to families in making those choices,
- give families the responsibility for determining the utilization of resources,

rather than transferring these responsibilities to outside agencies which, in the past, have tended to follow a course that replaces rather than supplements family responsibility. It is essential that this latter tendency be reversed if further weakening of those families which are already weakened is to be prevented.

The Commission's formulations are based on the concept of strengthening families' capabilities through strong institutions that stand ready to assist families as they may need assistance.

DEVELOPING PUBLIC POLICY IN BEHALF OF FAMILIES

The United States has been experimental and evolutionary in its approach to public social policies. Accordingly, related attitudes and definitions have been subject to change and refinement. The American definition of family has been subject to changes which reflect shifts in perceptions of the nature of society, and in the appropriate interpersonal behaviors required to support societal goals and enhance individual satisfaction. Tension between these two forces, social and individual, may in fact fuel some aspects of these changes; and is particularly reflected in issues surrounding the subject of family policy.

While most American families are still traditional two-parent married families with children, there is a new pluralism evident in family forms and attitudes. No longer is the independent nuclear family the idealized American type. There are now many life-style choices which may produce a wide range of family forms. Today a public definition of family may be required to include the middle class, mobile, independent nuclear family on equal terms with such diverse family forms as those with strong extended family supports, childless couples in increasing numbers, and ever larger numbers of families with single parents, usually women, who work. Moreover, such currently extra-legal forms of familial behavior, as homosexual pairings or unmarried couples, vie for some measure of legitimacy under the "family" banner.

A lack of consensus about appropriate roles *within* families is the other side of the same coin. Women's groups oppose each other about the appropriate role of women, each basing their arguments upon the founda-

tion that a given life-style strengthens the family. With women entering the work force in large numbers, male and female role performance is subject to change, and policymakers must beware of espousing rigid behavioral views.

To some, these changes are discouraging for family policy development. Although policy debates attempt to deal with these differences, divided opinions are supported by deeply held doctrine. While the Commission recognizes that the predominant form of family life is still traditional marriage with children, it also believes that realistic policy development must include but go beyond consideration of traditional family forms so that a dominant model is not imposed upon others. Therefore, it is urgent that family policy support varieties of family experience as families define themselves rather than as society defines them. The Commission would also caution policymakers to beware of the tendency of vocal and well organized minorities to capture policy making for family activities.

The Commission sees the following as the key issues from which a set of principles for public policy development for families can be drawn:

THE RELATIONSHIP OF FAMILY AND SOCIETY

The family itself must be recognized as a primary provider and care-giver of services for its members. Some social programs have largely been actions to substitute for failing families and have ignored their potential strengths. If public policy is shaped differently, most families can be assisted in carrying out their functions. With this view of the family as the primary care-giver for its members, *the Commission believes neither in the dominance of the family over society nor in the dominance of society over the family, but in a circularity of interdependence between the family and society, with continuous response to social change.*

FAMILY POLICY AS CHILDREN'S POLICY

Because heavy emphasis has traditionally been placed on the family functions of child-bearing and child-rearing, family policy is often equated with children's policy. Children constitute that part of the population most dependent on families, and for many they are the most important

element in family definition. Concern with children is an established aspect of social policy in the U.S., whereas a government role with the family as a whole is not. While family policy could be built upon children's policy, the many changes in structure and function of the family, noted previously, must be considered — many married couples deciding not to have children, couples with children seeking other roles for themselves, the increasing numbers of elderly, problems of mid-life, etc. *Therefore, the Commission recommends that family policy be conceived from an intergenerational viewpoint, to provide needed supports for singles, for childless couples, for families with children, for families with elderly people and for families with handicapped members.*

STRENGTHENING FAMILIES THROUGH SOCIAL PROGRAMS

Many social programs have been developed with reference to individuals or families perceived to have problems — those who are at odds somehow with society at large. In effect, these programs have tended to be instruments to regulate certain individuals and families, rather than having the primary purpose of supporting their own strengths and capacities. They have been directed not to all families throughout the nation, but rather to specific population groups — the poor, the deprived, minorities, the mentally ill, the criminal, etc. In addition, in the absence of well-defined social policy, a large number of well-organized special interest groups has lobbied for legislation and funding which are sometimes out of proportion to other needs. All families suffer from a variety of stresses in different degrees and in relation to different stages of the life cycle of the individual and the family as a whole. *Therefore, the Commission recommends that family policy provide a climate of assistance for all families, relative to their variable needs for assistance.*

FEAR OF GOVERNMENT

The notions that government activity always results in intrusion, and that the family is a bastion of privacy to be protected *against* government, are views posing serious problems for policy development. Many people cite the experience of totalitarian governments' use of family policy to control family life as a tool of the state; on the other hand, many other nations throughout the world have national family policies without being totalitarian. *Therefore, the Commission recommends that we ensure that family*

policy is conducive to the self-actualization of families and their members rather than overly limiting or constraining.

RESOURCE AVAILABILITY

If dilemmas exist for the content of family policy, there are also dilemmas about the allocation of resources. With our recommendation that family policy be directed to variable needs, one would expect that a global concern with families in all their multiplicity would be costly. There is a need to consider priorities for action in the context of scarce resources. *Therefore, the Commission recommends that social policy place high priority on the allocation of resources in ways that strengthen families.*

The tasks of family policy formulation will be demanding and formidable; comprehensive family policy is new to American consideration. We believe that the definition of family must be a functional one, calling for a clear understanding of the values which each family carries in society. In the United States, while most families will probably continue to be traditional married two-parent families, all families cannot be defined in terms of a single ideal structure. Family policy can therefore be neither simple nor mechanistic. Family policy must consider how government may function in the context of that which is deeply private and that which is of broad societal interest. It must consider the evidence of the mutual effect which the society and the family have upon each other.

Family policy must be formed as a complex, multi-faceted approach to issues. It will require procedures which are gradual and incremental with, however, room for experimentation and innovation. It may well provide fresh insight to social welfare, new perceptions of the individual's relationship to society, a new formulation of the role of government in human affairs, and new potentials for integration of aspects of the human service industry. If the difficulties outlined here are large, the opportunities contained in a uniquely American family policy approach offer offsetting benefits.

HISTORICAL PERSPECTIVES

There are conflicting viewpoints about the nature of family forms in different historical periods from chroniclers with equally prestigious credentials. The differences have to do with attempts to analyze shifts from extended to nuclear families and the resulting changes in role expectations for individual family members, and with public perceptions of the extent to which families and their members are and have been in difficulty and need assistance.

Some say the extended family is no more; some say it never was the predominant pattern. Some say the extended family is alive and well among poor families but not among middle class families. Some say the nuclear family was the result of industrialization and urbanization and some say that the existence of the nuclear family allowed the Industrial Revolution to happen — almost all with the implied judgment that the extended family is good and the nuclear family not so good. Opinions about current concerns and recommendations for what to do about them are as diverse as the makeup of the population.

It is not productive at this time to enter this arena of analysis of cause and effect except insofar as it might point the way to current problems and what can be done about them.

Today's American families have been undergoing dramatic changes within the lifetimes of all of us, accelerating in rapidity during the last

two decades. They have experienced many modifications due to a number of revolutions: in science and technology, introducing new ways of thinking, doing and making; in medicine and public health, decreasing infant mortality and expanding the years of healthy life for increasing numbers of people; in navigation, commerce and communication, enabling cultural contact and mobility; and in political life, creating large political entities which introduced the concept of democracy and utilized mass education to support it.

In addition there have been many recent streams of migration — the Puerto Rican, Hispanic, Indo-Chinese, Asian and others — as well as native Americans who have contributed a multiplicity of diverse cultures to the American scene.

Capitalism and the industrial revolution moved work away from the home and its environ to the factory and the office. The power of the male family line was broken as each family member left the home to work for pay in increasingly large employing organizations. The trend toward privatization of the nuclear family of husband, wife and young children was accompanied by the withering of service supports from extended kinship groups, the neighbors and the religious groups.

Children were gradually removed from the factory and sent back into the home and to mandatory schooling. A secondary move withdrew the mother from the factory or from sharing work with the husband at home. The concepts of childhood and motherhood took on new meaning, especially with the decreasing death rate of the young and the romanticizing of family relations. All in all, the family became a separated social unit, with definite boundaries, and structured so that the man took over as the main, often the only, breadwinner, while the wife provided supports enabling him to function outside of the home, and took on the maintenance of the home and the children.

Other societies could not generally afford to keep all the married women at home taking care of only that unit throughout their adult lives. Wars and political ideologies influenced many countries to organize programs to assist families in the performance of their functions. Widowhood and divorce increased, for many women, the probability of the need for assistance in taking care of their families

and themselves. The need of the labor market for workers led to the development of day care centers and the use of the older segments of the population to care for the young. Population stability and the general absence of large immigration waves ensured cooperation among neighbors, as did many political occupations by other nations or social controls of occupying forces.

America has developed a very different ideology and way of life from its foreign ancestors. The overwhelming emphasis by groups of a variety of backgrounds was upon *freedom from* — from interference by the elderly, from control by the government, from economic deprivation or from religious persecution. The Puritan ethic accentuated individuality, economic institutions, the creation of an abundant society and the economic mobility of its members.

Nineteenth century mentality rigidified the concept of the family into that of a nuclear unit, supported economically by the man and dependent upon the wife/mother staying home and caring for it. All social relations, even family ones, were defined as of necessity adjustive to the male economic role. Education had been seen as beneficial mainly in economic terms, the nuclear family as mobile and free to follow the man's job.

These trends made the wife/mother more economically dependent upon the husband/father so that she could not support herself and her children, or herself alone in cases of his death, desertion or divorce or even after the children no longer needed her constantly. Children also became totally dependent economically upon the father until they were allowed by law to leave school and take on a paying job. The man, on the other hand, had to decide early in life on the occupation with which to support himself and the family and stay in it once the children were born, with no reprieve until he was retired. Human value became measured by the size of the paycheck, *devaluing the role of homemaker, children, youth, the retired man, and male partner.*

Changes during the past 10 to 15 years have raised questions as to these value and behavioral systems which have locked people into such inflexible life courses. The women's movement is questioning the typical female life course of the recent past, involving marriage at age

20, the birth of the first child at 22, the birth of the last child at 26, the "empty nest" when the last child leaves the mother when she is 46, 15 years at home with the husband still working, and 15 to 16 years of widowhood alone in the home. The budding male liberation movement is questioning the heavy burden and rigidity of the man's life course; and for many men, particularly those of minority groups, the devastating impact of increasing and chronic unemployment is limiting their capacity to make choices for meaningful occupations. New changes are being introduced into family structures and functions, voluntarily, and by events in other spheres of life.

In the meantime, however, there are many Americans who are caught between the way they were socialized and the world in which they are currently living. Women have traditionally not been socialized to seek out the resources of this large and complex society in order to solve problems arising out of the lives they have been forced to lead, or had chosen to enter in the past. Although flexibility of schooling and social integration opportunities are expanding rapidly, many women do not know how to utilize them. Also, men are reluctant to seek outside help, keeping their unmet needs to themselves. Children do not know where to turn when they are abused or neglected or alone. Old people sit waiting for someone to serve as a connecting link to the community.

In addition, the unique histories of each of the different minority groups have given rise to special situations and special needs that must be looked at within the framework of those histories.

Some of the more recent changes in family forms and functions, as well as some of their implications, are illustrated in the following chapter.

NEW TRENDS AND PRESSURES ON FAMILIES

Approaches to whether families are strong and getting stronger or weak and weakening depend upon the assumptions one makes. There is a climate of popular opinion, a body of conflicting data and a multiplicity of special interests contributing to the differences in assumptions about what is happening in and to families. However, it is very evident that we are in the midst of great social change and families do need a variety of supports, and some families need very active interventions.

While our policies have not intended these results, the strong emphasis on the independence of the individual in American society has, in actuality, " . . . forced the family to absorb tensions in the public realm and reassured the public that what was happening were individual pathologies (and) . . . we may thus have contributed to the neglect of the family in public policy, which, if it exists at all, is still widely pathology-focused."[1]

With almost predictable regularity, we have seemed to be involved in at least one major national social crisis a year. The catalog for the 70's has included drug abuse, child abuse, spouse abuse, juvenile crime, separation and divorce, teen-age pregnancy, and now teacher abuse. The media have given considerable space and time to each of these and we have mounted large-scale local, state and federal efforts to alleviate some of these problems but they have not gone away. In

many instances, new efforts at data collection show them to be larger in nature and scope than originally thought. In others there is real question as to whether numbers are even known.

In what may be a deep national frustration, we are turning now to look at what is happening in and to families in the hope of grasping the elusive solutions we have sought but not found. There is a broad range of opinion about the degree to which the family as an institution is in difficulty as exemplified by the following opinions which are often publicly expressed:

- . . . preoccupied as we are with prices, jobs, shortages and energy . . . we should not neglect what to many sociologists still seems to be the vital cell of our society. The disintegration of the family . . . may do as much harm to a society as running out of its favorite source of energy.[2]

- . . . the time has not yet come to write obituaries for the American family or to divide up its estate.[3]

- We are witnessing the crumbling of the American family.

- The family is here to stay.

To examine our concerns about families requires a review of the functions we have traditionally expected families to perform. In general those expectations have been to:

- provide affection, caring, physical and emotional support on the assumption that families are a center of non-market interchanges based on blood and sentiment

- produce physically and mentally healthy children who have capacities and abilities that society needs

- help their members live up to social norms

- provide a significant amount of education and training

- transmit religious, ethnic and other private values

- participate in the economy by earning income and paying taxes
- be responsible for providing shelter, food, clothing, and medical care
- provide economic support for unemployable adults and dependent children; and sustain one, two or more adults who work
- connect the generations by gathering and transmitting values, property and influence, and giving individuals stability and society cohesiveness.

The Commission has grouped the societal concerns in relation to the above expected functions around *children, rites of passage, old and new roles for women, changing marriage patterns, the elderly, changes in the economy, and a shift in the balance of interpersonal relationships to individual self-actualization.*

A sampling of statistics and comments from the literature and the media provides evidence for these concerns. While all of these statistics and comments may not necessarily be valid or balanced, the concerns have a basis and are real.[4]

Children

Many couples are choosing to remain childless or to have smaller families. Child abuse and neglect has been defined as a problem of national proportions, children are viewed as a financial liability, and a whole new children's rights movement has been developed. Some indicators of these concerns are evident in the following comments:

- A long-term trend toward a decreasing birth rate is evidenced by the fact that the 1975 and 1976 birthrates (the lowest ever recorded in the U.S.) were only 76% of that in 1965, and 49% of that in 1910.[5,6] In 1977, the birthrate rose about 3% (from 14.8 live births per 1000 population to 15.3 per 1000 population.[7]
- The Federal government estimates that more than one million children are abused every year, but accurate statistics are not available.

- More than one million school-age children have no formal care after school. These are the latch-key children.

- Two of the most needed supports for working parents are good quality day care for children below school age, and the opportunity to work part-time or on a flexible time schedule so that one parent can be at home while the children are not in school.[8]

Rites of Passage

Many observers believe that current social changes have weakened family supports to children's growth and development, and have produced few reliable alternative or substitute supports, and that young people show signs of increasing personal disturbance from the effects of strains within the family and our social structure. Among reported indicators are:

- Children from homes where parents are frequently absent are more susceptible to group influence. Peer group-oriented children are pessimistic about the future and rate low in responsibility and leadership. These children are more likely to engage in anti-social behavior including illegal behavior and violence toward others.[9]

- Statistics support the contention that poor marriages are worse than broken homes: There is less delinquent behavior in broken but "happy" homes (35%) than in unbroken but "unhappy" homes (48%). [10]

- Suicide is the second leading cause of death in the 15 to 24 year age group.[11]

- About three quarters of all illegitimate first births are to women under 19.[12] Thirty-thousand of the one million teen-age pregnancies each year involved girls under 15 years of age.[13]

- Teenagers experienced reduced unemployment during 1977. Their jobless rate, which had peaked at 20.3% in mid-1975, receded to 16.6% by late 1977 (and 15.6% in December). This improvement

was accounted for entirely by white youth; black teenage unemployment has shown no consistent movement since rising during the recession, and has fluctuated within the 35-40% range subsequently.[14]

- Underlying many of the nation's family problems during the 1960's and 1970's has been the difficulty of coping with the tremendous task of absorbing into the social system the massive number of young adults who were born during the period of high birth rates after World War II.[15]

Old and New Roles for Women

The increasing movement of women toward work and careers outside the home has vitally affected the time they spend at home and in child care activities. The demands of sustaining their changing roles are often confusing and exhausting. Studies and official demographic data reveal that:

- The recent rate of increase in the proportion of women in the labor force has been dramatic, going up from 38% in 1960 to 48% in 1977.[16]
- The employment of mothers with at least one child under three years of age has more than quadrupled in the last decade.[17]
- The median income for full-time year-round employed men in 1976 was $13,455; for their women counterparts, $8,099.[18]
- One study reported that employed women work more hours per week at jobs, housework and family tasks than all other classes of adults.[19]

Changing Marriage Patterns

Commitments to "til death do us part" are changing. Among current trends are an increased frequency of separation, divorce and remarriage, serial marriage, the trend toward remaining single, the

single-parent family, communal living and homosexual pairing. Studies and official demographic data reveal that:

- In 1965 the rate of divorce was 10.6 per thousand married women. It rose each subsequent year, and in 1975 the rate of divorce was 20.3 per thousand married women.[20]

- Thirty-seven percent of all first marriages end in divorce as do 59 percent of second marriages.[21]

- 57% of two-parent families are now two-earner families.

- By March 1977, the number of families headed by women reached 7.7 million, the highest level ever recorded. In 1976, 1 out of every 3 families headed by women was living below the officially defined poverty level, while only 1 out of 9 families headed by a man without a wife present was living below the poverty level.[22]

- In March 1977, 1 out of every 3 black families was headed by a woman, compared with 1 of 9 white families and 1 of 5 Hispanic families.[23]

- The preponderant majority of people still live in households maintained by a nuclear family. Seven of every eight of the 213 million persons in the noninstitutional population of the U.S. in 1977 were residents of nuclear family households with 77% in husband-wife households and 10% in one-parent households.[24]

The Elderly

With the tremendous increase in the population of elderly, to be old is, for many, to have considerably reduced income; to be separated from the mainstream of life; to have little, if any, socially acceptable role. Some of the facts available indicate that:

- More than twenty-two million Americans — over 10% of the population — are 65 years of age and older, most of them under age 75. They have increased disproportionately compared with younger age groups.[25]

- Most old persons are women and most of them are widowed; their life expectancy is 75.9 years compared with 68.2 for men.[25]

- Retirement for most people brings a one-half to two-thirds cut in earned income. Fifteen percent of the aged have incomes under the poverty level.[25]

Changes in the Economy

Economic forces affect family resources, expectations, and behavior. Some related facts and opinions are:

- The family no longer comprises a tight economic entity, a closely bound unit of production and consumption, as it once did.

- The U.S., which is rich in resources, distributes them unequally. There is inequality in such areas as purchasing power, ownership of property, control over production, and work security, which makes for inequality of social prestige, social status and political power.

- Some aspects of Social Security benefit regulations, public assistance laws and income tax regulations exemplify public monetary policies which tend to erode family solidarity, and inhibit and penalize marriage.[21]

- Younger families — even those with good incomes — have been priced out of the housing market.

- Although not a "trend," there are reports of increasing numbers of married children moving in with their widowed or married parents because of the rising cost of buying and maintaining a house.

Personal and Interpersonal Relationships

The movement toward self-actualization as a central focus of life experience has offered many new forms of behavior and interpersonal communication to the American people. Among thoughts that have been expressed on this theme are:

- With the current life-style of self-fulfillment, the value of human interrelationships gets played down and the family is one of its first casualties.[26]

- Becoming a loving parent must be preceded by self-love, certainly a shift away from the child-centered perspective.[27]

- Numerous new therapeutic approaches emphasize the individual's primary responsibility to self. The emphasis is on the introspective individual.[27]

- The frenetic search for self-fulfillment has tended to obscure something older and perhaps more basic: the need for intimacy. In growing numbers Americans appear to be turning back to intimacy as a focus for their lives.[28]

The Commission again cautions that none of the above represent their judgments but only a review of current popular opinions, studies and reports.

* * * *

Changes in the structure and functions of families must be seen for their positive as well as negative implications. Some of those positive implications are:

- The trend toward a decrease in the birth rate may mean that, with the availability of contraception and abortion, more births are wanted births with, perhaps, fewer at-risk births.

- The increasing numbers of women entering the work force may not only broaden the choices of roles for women to the point where it is socially acceptable to work or to remain at home, but also provide greater resources for family growth and security.

- Problems of care of children of working parents may lead to new approaches to employment and leisure as well as new policies for day care.

- Growth in the size of the elderly population may lead to new approaches to income security, health care, and patterns of social care of the elderly.

- The forging of new roles, begun with women's liberation, may extend to men, children, youth and the elderly.

- While the move toward self-actualization has spawned many extremist approaches, some good may come out of attempts to break out of old patterns of anxiety and guilt.

- More children are living with at least one natural parent than ever before in American history.

SELECTED AREAS FOR ACTION

With our many differing perceptions, attitudes and values about the history, and new trends and pressures on American families, the Commission has chosen to emphasize the major functions that families are expected to perform, and to delineate the support systems needed to buttress families' capacities to carry out those functions. The major supports needed are in income, employment, personal social services, health care, childrearing, education, and care of the aging.

These constitute the major pillars of an overall support system for families based on the premise that at different times in their life span, and in the normal course of daily living, all families need the assistance of external supports. Although religious institutions and agencies are very much a part of support systems for many families, they are generally outside the purview of public policy in this country and thus, beyond the scope of this report.

While each of the support systems mentioned above is discrete, there is considerable overlapping although there are different interpretations of their boundaries; nevertheless, they must all mesh, and the development of new or revised social policy must address the interrelationship of each to the other not only in concept but also in delivery of service.

INCOME AND EMPLOYMENT

In American society an adequate income is an essential requirement to assure successful family functioning. With an adequate income, individuals and families are usually able to meet their own basic needs, determine their life-style, decide on the degree and quality of their participation in the community, and the extent to which they will use the opportunities and resources provided by the larger society. There are three major ways in which Americans currently receive income: *wages from work, social insurance,* and *public assistance.* Another source of income that must be considered is a system of *special allowances for dependents,* whether they be children, the frail elderly, or the handicapped. The development of effective income and employment policies and programs represents a first-line priority for all who are involved with public policy formation and implementation.

Employment

In the United States the major source of income for the majority of families is from wages for work. The opportunity to work at an adequate wage, and under healthy and secure conditions, should be the right of every employable citizen. Access to a job is not a privilege to be inherited or won. Rather, it is a basic entitlement of all citizens who are able to work. To deny an individual the opportunity to earn a decent living — either through unemployment or underemployment — is to deny that person one of the most important and necessary means of participation and fulfillment in our society. The ability to form and support a family successfully is directly influenced by the capacity of the family head to provide adequate income from participation in the labor force.

There are several reasons why this is especially true in the United States. Americans generally place high value on individual employment or professional status. From the standpoint of economic rewards and security, the "good" job usually provides — in addition to an adequate income — important protection against the risk of loss of income due to unemployment, illness, widowhood, retirement, or other

circumstances. Socially, employment may affect the individual's sense of identity, competence, and self-esteem; frequently, it influences living conditions and the development of personal relationships. The economic and social well-being of the individual wage earner directly affects the health and stability of the family.

In the aggregate, an abridgement of the right to work undermines the economic, social, and political well-being of the family and the nation. The costs of unemployment and underemployment on families and children are high, whatever the causes. Combating these problems with a firm commitment to assuring all employable people access to useful and satisfying work should be the preeminent concern of a humane and responsive society.

Employment is central in another sense. A fully employed population can more easily take care of the problems it has — without government help — than a partly employed population. Eliminating unemployment would obviously not eliminate the need for certain types of social services, but it would reduce that need sharply — and in a way nearly everyone would prefer — by producing jobs which make it possible for people to take care of themselves on their own terms and in their own way.

The issue, however, is infinitely more complex than simply the perceived contrast between the "haves" with jobs and the unemployed "have-nots." There is, for example, the unmeasured impact on individuals and on their families of the millions of rote-function, mind-destroying jobs. The cost-competition squeeze has created unrelenting pressure on productivity. Apart from health, accident, and retirement benefits, too little attention even today has been placed on assessing human costs associated with such jobs.

The Unemployed

There are those millions, the structurally and cyclically unemployed, unable to get work. Conspicuous among them are teenagers, especially those who are from minority backgrounds living in the largest cities. In a sense, they represent the failures of education, welfare, and private enterprise. No sustained programs of significant scope have

been developed that resolve the many problems of these and other subgroups.

Unemployment Statistics

Determining with any convincing accuracy the numbers actually unemployed is difficult. There are many discouraged people who are not looking for work, are unemployed, but are often not counted as such. Minority teenagers are important in this category. The issue, therefore, is further complicated by too simplified a view of the problem. Different remedies are needed first for the cyclically unemployed; second, for people who are unemployed because the economy is not generating enough jobs for those seeking to enter the labor force for the first time; and, for the highly disadvantaged groups, like minority teenagers, who have very basic problems in relating to any job, partially because of the lack of support systems for families to socialize their children adequately.

Corporate Policies and Practices

There are other illustrations in the employment mosaic of individual and family values in apparent conflict with presumed economic well-being. Transfer practices of companies have often been cited as sources of family stress and marriage dissolution, for example. An "all-for-the-company" mentality, with resultant stress, has been singled out as a major cause of health problems of middle-aged employed. Personal and family considerations are only infrequently weighed on the same value scale as company considerations in promotions, training, transfers, and facility relocations.

Especially significant have been the long-standing practices of companies with respect to retirement. Individual capacities and interests and family needs have historically been ignored to satisfy the code imposed by mandatory retirement. Only now with some Social Security funds in trouble has mandatory retirement before the age of 70 been prohibited by law for most people, and an older voluntary retirement age is being evaluated.

Guaranteeing the right to employment is a public responsibility. Comprehensive and flexible public policies need to be developed which, at the very least, maintain and — where and when appropriate — augment the quantity, quality, and availability of jobs throughout the country in both the public and private sector. Such policies should work toward continuing improvements in the standard of living of all people, yet be realistic in their expections and give balanced consideration to all aspects of the economy. It is especially important that these policies recognize that joblessness and underemployment impose unnecessary burdens on tax-supported income maintenance programs and related services, and that most of the people who must turn to these programs would rather work at a competitive wage.

Recommendations

- The Commission recommends a realistic implementation of mechanisms for a national employment policy to guarantee the availability and entitlement of employment opportunities for all who want to work, with legally enforced rights to a job. Such a policy would be implemented by adequate efforts to encourage, stimulate and, to the extent necessary, subsidize employment in the private sector; provide employment in the public sector when job opportunities in the private sector are inadequate or inappropriate; require vigorous governmental action to remove improper barriers to gainful employment, with special attention to the development of options for the entry of youth into the labor market; and make a significant investment of resources to provide these guarantees.

- The Commission favors more experimentation and innovation in the use of flextime, shared work and other arrangements for full-time jobs as well as more emphasis on part-time work and part-year arrangements as recognition of new family roles for men and women, providing opportunities to stay home to take care of children or the elderly, and also as a way to begin determining the best distribution between work and leisure for different elements in our society.

- The Commission calls for redefined and expanded career counseling, with special emphasis on programs for women; vocational education and manpower training, including improvement of the transition from education to work — not only for youth, but for people at various stages of life who need to adapt to the changing economy.

Social Insurances Derived from Labor Market Participation

The Old Age, Survivors, and Disability Insurance (OASDI) program — Social Security — is presently the largest social insurance program in the world. Likewise, it is the basic underpinning of the nation's entire income maintenance program.

- More than 34 million people currently receive OASDI benefits due to retirement from work, permanent and total disability, or the death of the family wage earner.

- Included in this group are 22 million older people who are retired workers, widows, or the survivors or dependents of retired workers.

- Over 90 percent of all people age 65 and over in the United States are either drawing Social Security benefits or will be eligible to do so upon retirement.

- An estimated 108 million individuals — employed by others or self-employed — are covered under the program, and 90 percent of all jobs in the current labor force are now covered.

- Expenditures for OASDI cash benefits in calendar year 1977 were approximated at $84 billion.

- Average monthly payments for calendar year 1977 were:

  — For retired workers, $242.98

  — For widows and widowers, $224.09

— Disability, $265.19

— Children of deceased workers, $165.68 [1]

Over the last 25 years, Social Security (OASDI) has become the primary source of income support for the majority of the older population upon retirement. The cash benefit program operates within a context that emphasizes the importance of individual contributions by covered workers and their employers, but it also includes provisions to meet certain social goals.

It has been estimated that one out of every two older persons who currently receives benefits would be living in poverty were it not for Social Security benefits. The program, while needing further improvements, has tended to work well for many of those covered, as a means of at least preventing economic destitution in old age. For many retired persons, the income provided by Social Security and the health insurance protection provided by Medicare, have contributed significantly to their ability to maintain independent living status. As a result, choices about living alone or with adult children can be made more independently of the economic aspects of a particular arrangement.

As the number of persons participating in Social Security has grown, and newer benefits such as health insurance (Medicare) have been added, the system began to show signs of financial stress. In December of 1977, the Congress passed, and the President signed, P.L. 95-216 which made a number of significant improvements and assured financial stability of the system at least into the next century. Because of the new law the projected deficits for 1978 and 1979 have been greatly reduced and it is anticipated that income will exceed expenditures beginning in 1980. Other improvements were made in the benefit levels, the retirement test, and the treatment of surviving spouses.

While a number of important issues were not addressed by the new law, the legislation called for the creation of a nine-member National Commission on Social Security and charged it with the responsibility of conducting a comprehensive study of the Social Security program,

including Medicare. The study will include the fiscal status of the trust funds, coverage, adequacy of benefits, possible inequities, alternatives to existing programs, integration of Social Security with private and governmental retirement programs, and development of a special price index for the elderly.

Recommendations

- The Commission recommends that steps be taken to expand Social Security to achieve universal participation and coverage.

- The Commission recommends that further study and action be taken to assure that women and men are treated equitably by the Social Security system.

- The Commission recommends that there be a thorough study and review of present inequities in the multiple systems of disability insurance, including measures currently used for assessing disability — with a view toward the development of more rational assistance to families.

Family Allowance

While the Congress has acted recently to improve the coverage and benefit levels of old age insurance, the social insurances for younger workers have suffered from lack of attention and the absence of any clear national policy about the role of social insurances in providing income maintenance protections for wage earners with dependents. Unemployment insurance, for example, is not yet available to all workers; and where it is available, the level of benefits it provides seldom replaces 50 percent of the wages lost by unemployment. State workmen's compensation programs and the survivors and disability portions of OASDI are similarly limited in their ability to replace income lost by the death or disability of all wage earners.

In the case of wage earners with children, existing social insurances are further limited by the fact that they have maximum benefit levels

which need to be related to the amount of wages earned or contributions made. Consequently, maximum benefit levels seldom, if ever, provide sufficient income to maintain a family with two, three, or more children when the wage earner's income is interrupted by unemployment, injury, or death.

In order to meet the additional income needs that family size places on a wage earner, and in order not to require changing the basic nature of our present social insurance system, the Commission recommends that there be established some type of national family allowance program. Establishment of a family allowance would recognize and assist with the additional economic burden placed on families by the presence of and responsibility for minor children, handicapped family members, and the frail elderly. This would not entirely replace cash-assisted, means tested programs.

One approach which would target public funds to those with the most need is the universal children's or family allowance. Under this plan, a set cash allowance is provided to all children or other economic dependents regardless of the family's income and the employment status of the wage earner. Such allowances should be considered as income and taxed, with the result that the allowance would provide more direct help to low income wage earners with large families while families in higher tax brackets would retain proportionately less of the cash allowances.

The United States has had an implicit program of family allowances since 1913 when the present Federal Income Tax was adopted. Under current law there is a $750 per capita exemption for minor children. Unfortunately, the benefits of our present tax system and its exemptions for children are structured in such a way that the higher income families benefit most while low income families benefit least, if at all.

In the past, proposals for a family allowance in the United States have been attacked or disregarded because they were perceived as pro-natalist or inefficient in targeting funds for the most needy. There is now ample evidence among the more than 70 nations with some form of family allowance that family allowances do not affect the birth rate,

even where that is desired. While it is still unclear to what degree a national family allowance would actually redistribute income to families with the greatest need, there is ample evidence that all of our nation's income transfer programs have not significantly benefited the lower 20 percent of the population, most of whom are families with children. More than 40 years after enactment of the Social Security Act, and despite all the costs of the present welfare system, the lowest 20 percent of our population have only 6 percent of the income.

With a family allowance in the range of $750 per dependent, there would be a significant reduction in the number of families needing public assistance. Also, it is believed there would be a lessening of pressure to constantly raise the minimum wage rate which, while generally sufficient to provide the income required to maintain a single person, is totally inadequate to provide the income to maintain a family with children or other economic dependents. Finally, if the family allowance included grants for handicapped family members and the frail elderly while they were residing with a principal wage earner, it is very likely that many families would be able to afford the care and maintenance of such persons in the home rather than resorting to the more expensive, and often less satisfactory, arrangements of group homes, nursing homes, and other institution-like settings. Failure to adopt some type of family allowance will ensure that larger and larger numbers of families — particularly those with minor children — will have to turn to public welfare for assistance.

Recommendations

- The Commission recommends adoption of a form of universal family allowance which would recognize and assist with the additional economic burden placed on families by the presence of and responsibility for minor children, handicapped family members and the frail elderly.

Public Assistance

When enacted as a part of the Social Security Act of 1935, public assistance was designed as a temporary program of cash assistance to help individuals and families who were at the time not eligible to

benefit from unemployment programs or the newly established job-related social insurances, and whose income was below a particular level. Public assistance was and is a means-tested, categorical program which, over time, has developed a stigma that is both demeaning to the recipients and detrimental to the values of our nation. To be eligible for public assistance, an individual or family must become pauperized and submit to numerous tests and investigations designed to ensure continued eligibility. Benefit levels rarely approach the poverty level and in some states represent less than half of the Federal poverty level.

Nevertheless, public assistance represents the only form of cash assistance available for individuals and families who cannot maintain themselves because of low wages, underemployment, unemployment, and the inadequate benefit levels of existing social insurance programs.

Wage earners with children are the group most often required to turn to the public sector for assistance in maintaining their families. Today, public assistance is a very large and complex program bacause it has had to become the safety net to handle all the inadequacies and deficiencies in our economy and our system of social insurances.

Over the years, the laws governing public assistance — especially Aid to Families with Dependent Children (AFDC) — have been amended to reflect various public sentiments. There are now very complicated eligibility criteria, a variety of work incentives, disregards for certain work expenses, and requirements for participants to cooperate with officials in securing child support from an absent parent.

In recent times there has developed greater interest in providing in-kind assistance rather than cash assistance. Two of the largest in-kind assistance programs are food stamps and Medicaid. Taken together, the public cash assistance programs and the in-kind assistance programs provide some type of benefits for more than 25 million citizens at an estimated cost in excess of $40 billion a year. Briefly, the present public assistance programs include:

AFDC:
In FY 1977, an average of 11.1 million persons per month received AFDC benefits, based on a Federal-state formula, at a cost for the

year of about $11.5 billion — $10.2 billion for benefits and $1.3 billion for program administration. Projections for FY 1978 show benefit costs reaching $11.4 billion, and the annual caseload increasing to 4.5 million families. The amount of assistance to be provided to families is largely determined by the states. Consequently, AFDC benefit levels vary widely. For September 1977, the average monthly payment per person ranged from $14.58 to $115.76.[2]

General Assistance

This program is not universal but available at state option and offered only by some states. It is used to aid persons who are not eligible for AFDC and Supplemental Security Income (SSI) benefits. According to estimates by the Social Security Administration, assistance was provided to 883,000 persons at a cost of nearly $1.2 billion in fiscal year 1976.[3]

Supplemental Security Income

The federal and state governments provide assistance to the aged, blind, and disabled through the SSI program. A person who is 65 years of age or older, legally blind, or permanently or totally disabled, and who meets prescribed income and resource requirements, can receive a basic Federal cash grant of up to $178 per month (in FY 77). In fiscal year 1977, some 4.3 million persons received SSI payments, amounting to $6.3 billion in state and Federal funds. The states' share, composed of mandatory and optional supplements, was approximately 25 percent, or $1.6 billion.[4]

Food Stamps

Approximately 16 million citizens, half of whom are on public assistance, received food stamps in 1977 at a cost of $5 billion. The average bonus value per recipient in October 1977 was $25.31 a month.[5]

Medicaid

Medicaid (Title XIX of the Social Security Act) is a Federal-state program which provides medical assistance for all recipients of AFDC and SSI. In addition, 32 states cover medically needy persons who meet the categorical requirements of public assistance but who exceed the maximum allowable income for those persons. Currently, 21.6 million persons receive Medicaid benefits, including 10 million

children, 4.8 million AFDC adults, and 6.8 million SSI recipients. Increases in eligibility, utilization, and inflation have swelled the program costs from $362 million in 1966 to $17 billion in FY 1977 — an average increase of 15 percent a year. The annual expenditure per eligible person now averages $800.[6]

Primarily because of the continued growth in size, complexity, and costs required to maintain the public assistance system, efforts to "reform" the program have become an important item on the national agenda for the President as well as leaders of Congress. A welfare reform package of legislation developed by the Carter Administration and amended by a special Congressional Welfare Reform Subcommittee is estimated to require $18 billion a year more than current costs. It is highly unlikely that any Congressional action on a program of this magnitude of costs will be considered by this Congress.

Without some form of national family allowance policy, and in the continued absence of a universal health service, it is reasonable to expect that millions of American families will have to turn to public assistance out of necessity at various times to secure the cash and health care assistance they require for their children and other dependents.

Recommendations

- The Commission recommends that in the absence of a system for family allowance, eligibility for cash assistance income maintenance programs should be extended to all persons who qualify because of low income and resources; and that consideration be given to consolidation of currently separate programs into a single, uniformly administered cash assistance program.

- The Commission recommends that income maintenance programs be required to have a national minimum benefit level and that as soon as possible that level be raised to the dollar value of the Federal government's established poverty level, and indexed to change as the cost of living changes.

- The Commission recommends the establishment of uniform Federal standards, regulations and information systems in order to streamline administration.

PERSONAL SOCIAL SERVICES

The Commission views income and social services as the two major systems for providing supports to families. The term "personal social services" is used to define a different approach to the provision of social services — an approach that recommends a comprehensive system for providing a variety of supports to families.

We conceive of the modern world as one in which primary groups should be given free play to protect all that is precious in them, while public institutions offer them essential buttressing, as necessary. At the same time, we also believe that social change of the scale and scope that has occurred in the past half-century demands new institutional invention to meet new problems and needs. In brief, we see no contradiction between recognizing the family as a most precious thing to be cherished per se — on the one hand, expecting government to offer the family supports and protections while, on the other hand, expecting the government to encourage and provide social services for the family. The latter social services, in turn, may involve functions once carried out completely by the family, such as child care, as well as new responses to new needs, e.g., social care in the community for larger groups of isolated and frail elderly.

To recognize social change is to understand that spontaneous familial relationships, mutual aid, governmental supports and organized social services are compatible and not in contradiction. They are all essential and, indeed, are mutually dependent. For example, families can utilize a family allowance effectively only if the human service systems are available to assist in times of crises or unusual circumstances.

Personal social services are no substitute for money, health services, work, or housing. However, families cannot function in the modern world without personal social services. For much of the time, most

families may not need many personal social services. Yet, under present conditions of life, we can anticipate that *most* families will draw upon such services *some* of the time, and that for some families the services will be critical life and death matters. The quality of child rearing movements, as well as the nature and adequacy of people's ability to cope with daily routines and with life transitions and crises will be heavily dependent on personal social service systems. The following personal social service listing illustrates the reasoning behind this view:

- Information, advice, referral, case advocacy related to all social programs
- Protective programs for children and adults
- Substitute care arrangements, long- and short- term, for children and the aged
- Social care for the handicapped and the frail and isolated elderly (delivered or congregate meals, homemakers, home health aides, escort and chore services, reassurance services, apartment and home renovation and repair for safety and ease of management, etc.)
- Advice services and counseling related to child rearing, budgeting, family planning, abortion, etc.
- Mutual aid programs for families with shared problems: single-parent families, parents of specified groups of handicapped children, etc.
- Guidance to courts in relation to dispositions in delinquency and status-offense cases, as well as in disposition of child custody issues where there is marital disruption
- Counseling and concrete help related to environmental, interpersonal, or intrapsychic emergencies.

Without elaborating the illustrative list, we note that it is far from complete. We also note that some of the services currently available speak the language of family support while really serving individual family members. Where and when it is appropriate for a service to

give priority to the family per se, it is urgent to avoid a service effect which is counter-productive: child placement in foster care if there can be a family solution, institutionalization of the handicapped or the aged if a family arrangement is feasible, counseling or treatment which fragments relationships where there can be a cementing of ties.

This is more easily said than done. Thus we must say to ourselves and to the variety of social service organizations that this is a subject requiring serious consideration and work: how to serve *families*, as appropriate, in an effective way — and how to recognize and decide where individual interests and concerns ought to be overriding.

To assure the development and upgrading of a personal social services network which includes the evolution of family services and family support-systems among its central concerns, consideration should be given to the following specific recommendations which were spelled out by a Task Force Report of the National Conference on Social Welfare:

1. Examine human service policies and programs to ascertain their impact upon families and increase support for policies and programs that assist families in maintaining and increasing their capacity to perform family functions of socialization, social protection, social control, and provision of basic necessities for its members.
2. Give priority to expanding and initiating programs that seek more effective means of preventing and/or reducing the scope of individual and family impairments.[1]

We note the urgency of coverage within each geographical jurisdiction by a local outpost of a personal social services network, based in the following funding streams: Title XX, Title IV-B, Older Americans Act, runaway youth, child abuse and neglect, and in some places community mental health. A local personal social services office would make available *access services* (information, advice, referral, advocacy), *case integration* with safeguards for confidentiality (family oriented meshing of sequential and simultaneous aid in different places and/or for different family members), *protective services* in several categories, *substitute care* services, *social care* programs, locally-defined *consumer and family* life education, support for *mutual aid* efforts.

In short, the personal social services network, a public responsibility but involving both public and private sectors in delivery, is the fulcrum for implementing personal social services which are alert to family concerns. HEW's Office of Human Development Services now has a mandate to encourage such evolution.

Recommendations

- The Commission recommends the development of a system of personal social services to approach comprehensively the evolution of family support services. The voluntary sector and all levels of government should work together to develop a system which will *buttress mutual aid efforts.* These range from isolated families who come together for mutual support in new suburbs, to those with shared problems, cases, needs. Religious groups, community centers, social agencies can offer facilities and enabling services. Families can help themselves while helping other families.

- The Commission recommends increasing the capacity of family members and close relatives to deliver and support social care services, where appropriate. This refers particularly to the frail elderly and the handicapped. The provision of training to family members and parents, equipment, funds, occasional "relief" in the form of temporary shelter or respite care may permit home and community care nourished in a primary group environment. Further, all human service providers should educate themselves to view families as first-line caregivers and to encourage their self-sufficiency whenever possible. This is a challenge to public policy, to public programs and to the voluntary sector.

- The Commission recommends the encouragement of a pluralistic, diverse counseling and guidance system which recognizes the many ways families in need of aid or support view their problems and take help (education, therapy, enrichment, mutual aid). The voluntary sector can be responsible for much of the initiative, as can the several relevant professions.

- The Commission recommends experimentation with developmental and socialization activities which buttress primary group life, enhance relationships and meet some of the needs once spontaneously met by kinship groups and neighborhoods. New primary group patterns can and should be expected to appear and to flourish. On a small scale, they already have.

The personal social services system can be considered to be one of the two major systems for providing supports to families, the other being the income systems as discussed in the previous chapter. The following chapters of this report — Physical and Mental Health, Childrearing, Education and Aging — all deal with recommendations for support systems to families that lend themselves to inclusion in a personal social services system.

PHYSICAL AND MENTAL HEALTH

The quality of life of each member of a family affects the quality of life of all other members. The family constitutes perhaps the most important social context within which illness occurs and is resolved. It serves as a primary unit in health and medical care. The manner in which an individual plays the sick role and the nature of the family's response to it may influence not only the course of the patient's condition, but the health and happiness of the family as well. The proper involvement of the family in compliance with therapeutic regimes related to chronic illnesses is often the crucial variable in the success or failure of therapy. Families not only have to be helped to cope with a chronically ill member but often, having achieved that state, must later be helped to allow that member the degree of health functioning that he or she is capable of attaining.

The 14 most common causes of premature death in ages 20 to 65 are:

1. Coronary disease
2. Cancer of the lung
3. Strokes
4. Motor vehicle accidents
5. Cirrhosis
6. Suicide

7. Cancer of the breast
8. Homicide
9. Colon rectum cancer
10. Bronchitis, emphysema
11. Pneumonia
12. Disease of the arteries
13. Rheumatic heart disease
14. Cancer of the pancreas

It must be noted in looking at this list that change of lifestyle and cooperation and responsibility of and by the patient are needed in altering most of the above causes. Essential to the improvement of individual health and health care services is education for family health care. How better to reach people than through the family unit? With proper help, support and education families can make appropriate health and medical care choices, and can resume some of the responsibility they have now delegated to the variety of professionals.

In new ways, government, labor, and management must come together to provide health education to patients and families, to assist them in making decisions based upon accurate information and knowledge of choices. Labor and industry can contribute to this effort through elimination of health hazards at work, and provision of health education programs at work on company time. Such programs should be combinations of education and health screening. The goal should be to examine employees as a screening technique, with referral of the patient with positive findings to his family physician. The education portion could be taught in sessions covering specific disorders or disease processes, as ongoing programs to cover other health conditions, health hazards and habits in greater depth.

New approaches must be developed to provide health information to families as a whole as well as to their individual members. Such health information should include areas, not previously emphasized, such as methods of self-observation, and the importance of one's own family history and its effect on members of the family.

The incidence of mental and psychological disease in family practice has been reported in percentages ranging from 3.9 to 75 percent. Other reports indicate that of every 100 patients seen by the average family physician, 50 will present symptoms that relate directly to emotional, psychological or sociological problems; 25 will suffer from a variety of

illnesses where psychological factors are significant; and 25 will suffer from a variety of illnesses where psychological factors are not particularly significant.

Human behavior is directly linked as a major contributor to an individual's health status. Accordingly, health education must be directly concerned with detrimental behavioral problems which pose a threat to a person's present or future health. Thus, from the standpoint of mental health, family members must be taught self-respect and respect for others, how to interact with each member of the family and with members of other families.

There are still other reasons for a concentrated focus on the family in the health care delivery system.

Having an intimate history of the entire family is not only a help, it is a milestone for today's medical ideas of genetics, family planning and the improvement of the human species. In matters of matching blood types for transfusions, of comparing disease backgrounds for immunity factors and of knowing if someone's familial characteristics would make it wise or foolish to marry and have children, records of the family's medical information would save time, worry and even eliminate danger.

Health care for the family must necessarily encompass each family member's physical, mental and emotional well-being as well as the treatment of illness and disease.

Education for Health Care

The objectives for education for health care include:

- Informing people about health and disease and the ways they can protect and improve their health
- Helping people to develop the ability to examine health options, weigh consequences and make decisions related to personal and societal goals
- Motivating people to want to change to more healthful practices

- Identifying and, where possible, reducing or removing impediments that prevent or retard the adoption and maintenance of more healthful practice.

Family education for health care should be provided through a health care delivery facility by means of continuing programs initiated by the public and/or private sectors, in each neighborhood or community. Program content should include the following:

- Families should be educated regarding the continuing need for appropriate immunization for each member of the family, since the best control of communicable disease is prevention.

- Families must be educated about diseases related to life-style; about diet, addictive behavior, proper living and health habits — eating, sleeping, proper exercise, and proper housing; about the relationship between mental and physical health and the necessity of overcoming the stigma still associated with seeking help for emotional problems. They must observe each other, encourage professional help when necessary, support each other in complying with any therapeutic regime. Families must learn to adjust to chronic or intermittent illness, to deal with problems of aging, death and dying.

- There should be public education programs for all about the diseases of alcoholism and the dangers of smoking.

- Sex education in all public schools is a necessity to decrease the teenage pregnancy rate and to slow the spiraling rate of venereal disease. (In this regard the federal government will most certainly have to take the lead in developing policy and in overcoming the prejudices from various parental and religious groups.)

Recommendations

- The Commission believes that education for health and mental health care is crucial to the reversal of the many illnesses resulting from life-style, and that new approaches to health education must be developed with the recognition that patterns of

health care are learned within the family unit. The Commission further recommends that such programs broadly include all members of the family unit and develop tangible ways to encourage constructive changes of life-style.

The Sexually Involved Adolescent

There are many medical, health and emotional problems for the sexually involved adolescent. In or out of marriage, teenage pregnancies may create various medical, psychological, social and educational problems for teenage parents. The problems for the unwanted child may be tragic. A disproportionate number of infants at risk are born to teenage parents.

Efforts should be made to reduce the incidence of teenage pregnancy. Medical consultation, family counseling, and the most effective contraceptive advice and methods available should be provided to the teenage girl whose sexual behavior exposes her to possible conception.

Because positive attitudes regarding family life and sexuality are important in the development of health, methods for including instruction in family life and sex education in primary and secondary schools should be designed so as to complement information being given to students by their parents, religious advisors and physicians.

State laws should be enacted which would permit physicians to treat VD cases of minors legally without obtaining parental consent (with safeguards for confidentiality), and which would require all serological laboratories to report reactive specimens by name of patient and physician to the health department.

Abortion

Legal abortions must be made available in approved hospital settings. Whether or not one approves of abortion, legal abortions in hospitals are preferable to criminal abortions in back rooms of offices and in dirty facilities. The resultant septic deaths from criminal abortions have been all too frequent in the past and have only come under

control and all but disappeared in the last several years due to the availability of legal abortions in hospitals under appropriate conditions.

Maternal and Child Care Benefits

Adequate maternity benefits and programs stressing quality of care during pregnancy must be developed. The appropriate utilization of well trained obstetricians and family physicians to give such quality care is necessary if the United States is to decrease its perinatal mortality rates. Further family education is a necessity so that individuals in the family will understand the importance of good obstetrical care.

Although health services for mothers and children in the United States are usually provided by private physicians, a substantial number are provided through various public programs, e.g. the Title V Amendments of the Social Security Act; the Maternal and Child Health and Crippled Children's Services; and the Early Periodic Screening Diagnosis and Treatment (EPSDT) program.

The private sector has also been involved in a number of activities to improve maternal and child care. Several medical specialty associations worked with the Joint Committee on Perinatal Health and developed a document on improving the outcome of pregnancy and recommendations and guidelines for the regional development of perinatal health services.

Regrettably, the United States still suffers an infant mortality rate that is proportionately too high given the resources of this country. For non-whites, the infant mortality rate in 1974 was 24.6 per 1,000 live births as against 14.7 for whites. More of our resources should be concentrated on lowering the mortality rate among those at highest risk.

The child lead-based paint poisoning control program was enacted to help communities combat the poisoning that each year kills between

300 and 400 children and irreversibly damages the brains of 6,000 more. But program funds can be used only to remove lead paint from apartments where children have already been found poisoned.

Medicaid programs in twenty-one states deny prenatal care to first-time mothers, even though studies have indicated that, compared to those who do get care, mothers who receive no pre-natal care are three times more likely to give birth to infants with low birth weights, a condition associated with almost half of all infant deaths and with defects.

The Elderly and the Handicapped

In health care, as in other areas, much of our emphasis has been on children. We need no less attention to children but new attention must be paid to the health care needs of the elderly and the handicapped. Some of the care of the institutionalized elderly and handicapped can be brought back into the family. A variety of home care supports must be available to families so that these members can receive the care they deserve and need.

In addition, new self help and mutual aid activities for the elderly and handicapped should be encouraged and assisted. For example, exercise programs for the elderly and handicapped, never before thought possible, are now gaining popularity and showing noticeable health benefits.

Entry Into the Health Care Field

Each family must have access to continuous and comprehensive health care through new approaches to the delivery of health care services. Such health care should be delivered through a neighborhood or community facility which is known to all in that area as a health care center. Services should be delivered by health care teams and include health education, health maintenance, and health information and advice.

Health Care Professionals

Federal and state governments should be encouraged to continue their support for family practice training programs, as well as training programs in other primary care specialties. Incentives by state and federal governments should be provided to young physicians to locate in areas where it will do the most public good. Medical schools must be encouraged to develop such physicians and not continue the imbalance of the subspecialty orientation as has been the case in the past.

Universal Health Services

A prepaid system of universal health services should be developed and should include at least the following benefits for all families:

- Benefits that are broad and inclusive of all illnesses, mental or physical
- Health evaluation and health maintenance including preventive care and the associated diagnostic testing procedures
- Family counseling for mental and physical health, medical care, and the management of familial crises
- Services of health care teams
- Services rendered in the home or in the hospital
- Payment for services performed outside the hospital
- Provision of health care opportunities for those needing but not presently receiving care.

While there are differences of opinion among the members of the Commission as to approaches to financing, there is agreement that there should be universal health services.

Recommendations

- The Commission recommends the adoption of a prepaid system of universal health services as quickly as possible, and urges that this be a matter for immediate Congressional attention.

- The Commission recommends that, in order to support and supplement the family in its functions of providing the first line of health care, changes should be made in the health care system to make available to the family as a whole as well as to individual members, a *known place,* such as multi-purpose family centers for the provision of health education, health maintenance, mental health care, health information and advice, etc. by a health care team. Such multi-purpose family centers should serve to unify the many different health services from each of the currently existing separate initiatives to assure that health needs are met.

- The Commission recommends that entry into the health care system be assured for every family for continuous and comprehensive health care through a family health care program which can be provided in any of a number of settings, e.g., a family physician's office, a hospital outpatient department or a free standing health center.

CHILDREARING

Among the functions that families are expected to perform, a heavy emphasis has traditionally been placed on those that relate to child-rearing — such functions being to produce physically and mentally healthy children; to help their members live up to social norms; to provide a significant amount of education and training; to transmit religious, ethnic and other private values; etc.

It is the view of this Commission that these functions can best be performed from the base of the child's own family setting, and that whenever possible a variety of different kinds of supplements in the form of supports should be provided to families, as needed, for rearing

their children. If women choose to work, supports must be provided for the care of their children during their working hours. If any one of a variety of coping problems should arise, other types of supports may be necessary. If for any reason the child cannot remain in his or her own family, every attempt should be made to provide the child with a family of its own. *There should be the least possible substitution for families. The greater the need for substitution, the greater should be the activity to return the child to the family.*

The principle for public policy development mentioned on p. 2 of this report — the circularity of interdependence between family and society — applies here in the sense that parental responsibility for childrearing no longer should stand alone, but should be supported by societal concern in a mutual interdependence.

Three specific aspects of the care of children have been selected for review: parental care, daytime care of children, and foster care and adoption. They are topics of contemporary analysis, and increasingly are the subjects of public policy decisions.

For the purpose of this report, the term "childrearing" refers to the support and protection of children in the broadest sense, on a continuum of care ranging from supported parental care to institutional placement, which in some cases might also be considered to be supported parental care. The term "daytime care of children" includes programs inclusive of in-home and out-of home care provided by someone other than the parent. Ideally, daytime care activities should be provided in the closest possible interaction with the family base.

Parental Care

The majority of all childrearing in American society is still that of in-home care provided by one or both parents. Even in those instances where this care is supplemented by babysitters, day care centers, preschools, schools, or the community's various recreational services, the greater part of the child's time is spent with those parents.

The concern of society should focus upon the *quality* of parental care, not only in those extreme instances of physical abuse and neglect, but

also when more subtle neglect diminishes the opportunity of the child to develop to her or his maximum potential. In either case there is a distinct cost to society, whether in the form of necessary substitute child care provided at direct public expense, or in the form of lost or wasted human resources.

One important aspect of parental childrearing is that of care-giver competency. This competency is reflected in many ways: understanding of the physical health needs of children from conception on, understanding and tolerance of stages of child growth and development, skills in communicating and interacting with children, participation with children in activities which will facilitate their development, appreciation of the child's need for support by parent and family, and respect for a need for independence from parent and family.

It is necessary that opportunities be provided to individuals, as a part of their general education, which will enable them to assess their capabilities as prospective parents, both as an aid to their decision-making regarding the assumption of the parental role and its attendant responsibilities, and as a means for directing their subsequent competency development toward the removal of significant deficiencies, should they exist. Opportunities for parental-competency development should be an integral part of elementary-secondary education programs. These opportunities should also be available in a variety of alternative forms, continuing into the later stages of adult life. Parenting skill development is a life-long proposition — not only as one's children change and require differing patterns of parent-child interaction, but as parents themselves change within the family, extended-family, community context.

Information, knowledge and skills are not enough. Given the particular stress factors impinging upon the family unit in modern society, support systems need to be established toward the maintenance of family stability. Insofar as possible, family members should become skilled in structuring their own support systems from the resources available in their communities. Some families will need assistance in this task. There is, however, a responsibility incumbent upon policy makers and service providers to assure that the end results of their endeavors contribute to a set of factors conducive to positive family

functioning and growth. It is especially important that educational activities directed toward the improvement of parental competency be integrated with supportive service delivery at accessible locations, e.g., parent-child resource centers in neighborhood schools or libraries.

The quality of parental child care can also be affected by attention to other factors. Policies and procedures relating to the amount and arrangement of time available to employed parents for their pursuit of parental childrearing functions are a case in point, including maternity-paternity leave provisions, flexibility in working hours, and job assignment procedures.

Another factor is the availability of resources which enable the supplementation of parental child care whenever that would result in greater benefit to individual family members while, at the same time, improving the aggregate quality of family life.

A. Daytime Care of Children

Parental care of dependent children includes responsibility for the child's health, shelter, nutrition, safety, and growth—socially, emotionally, intellectually, and physically. Ample income is necessary in order to meet the child's needs adequately. The high cost of living in this country requires nearly $35,000 to raise a child through high school.

In order to provide adequate income, however, many families find it necessary for both parents to work. In increasing numbers of families there is only one parent — the mother — who, without choice, must provide that income. For many families, lack of skills, lack of job training, lack of education, and discrimination prevent access to higher salaried jobs so that more than full-time work is required. This leaves fewer opportunities for time spent with children.

Also, many parents find that the quality of the time spent with their children is improved when they feel fulfilled in their own lives. Some parents pursue employment out of a need for satisfaction. Others merely seek a few hours a week without their children. In all cases, while parents are acquiring income and/or personal satisfaction, who cares for the children?

The daytime care of children is an urgent social function. For children beginning at age six, much of the daytime care need is discharged through the elementary school system. More recently, kindergartens, nursery schools, and pre-nursery school programs have been meeting the need for substantial numbers of families (about half of the children aged three to five at present). These are by far the largest daytime care arrangements in the U.S. Other families meet their needs through licensed and publicly operated or financed family day care and center care arrangements. Often families package for themselves combinations of these elements, since kindergarten, pre-kindergarten, and nursery school programs may be part-day, and many families need or wish more care than this (although others, through shift-work, part-time work, etc. or the participation of relatives, find that this is quite adequate).

There is a growing program of infant and toddler care as well, but here the policy issues are complex because while parents clearly make use of available care for three to five year olds, there is a scientific and policy dispute about the younger children. Labor market policy, social welfare benefits, and social attitudes act to offer parents an option, yet restrain their choices. This is an area for observation, experimentation and debate.

In any case, it is certainly clear that whether for the preschool, kindergarten, or elementary school child there is need for an elaborate program of afterschool care. Labor market statistics already make this an urgent matter.

Problems in the Provision of Daytime Care of Children

Despite this variety, few options exist for those who rely on these supports to parental care. Rarely does a wide range of alternatives exist within the community. Even if enough slots were available in the existing programs, what kinds of programs are they? Are programs available that can meet the special and individual needs of one's child?

Far too many programs are not of good quality and do not meet current criteria of early childhood educators and others who work with young children. Limited funding makes it difficult to afford an adequate number of qualified caregivers, and also restricts the variety

of available options. Once we recognize the need for a range of alternatives, we must also recognize the need for adequate funding of the several types of programs, so that each may achieve its optimal level and serve the developmental and socialization needs of children, not merely the "babysitting" requirements of parents.

At present, financial support for early childhood programs is provided by a variety of federal, state, and local auspices. Title XX of the Social Security Act invests a major share of its funds in daytime care of children as does other legislation. Food and nutrition programs are available through the Department of Agriculture and attempts are made to provide health screening and treatment through the Early Periodic Screening, Diagnosis and Treatment program of HEW. Nearly 30% of the Head Start programs operate within public schools. Many programs are provided in government agencies, businesses, hospitals, and religious institutions. Revenue sharing monies, United Ways, Community Chests, and other civic groups also help support child care programs. State and local educational budgets support a substantial number of pre-kindergarten classes in the public systems, and parents' fees pay for a very large amount of care.

Family day care homes, the most frequently used form of daytime care for children under three, sometimes receive Title XX funds and food supports. They must be licensed in order to be eligible for federal subsidies. Many homes are not licensed due to complicated application processes, the feeling of intrusion into their private homes, concerns about reporting earned income to the Internal Revenue Service, and the need for costly repairs and improvements in their homes to comply with regulations.

A major component in the daytime care debate has been the purpose for providing such services. Historically, such care has been offered in order to:

- Provide educational opportunities for young children.
- Encourage growth and social experience that enriches child development.
- Aid the poor and immigrants in the day nurseries.

- Create jobs for the unemployed during the Depression.
- Support the war effort during World War II by freeing women to work in war-related industries.
- Break the poverty cycle by giving low-income children a Head Start.
- Reduce welfare rolls by encouraging the use of day care so that parents could seek gainful employment.
- Hire welfare recipients as staff within day care programs.

Many of those reasons for providing daytime care services are valid. However, the patchwork of federal and state laws providing money for services creates inconsistencies in delivery and prevents the achievement of well-integrated programs as a family support service. Daytime care is capable of meeting a variety of societal and economic needs as well as helping families to perform expected parental functions more effectively, and helping children to develop optimally.

What ingredients are necessary for daytime care of children to become family supportive?

At the outset, parents should have a variety of options and the means by which to learn of their availability and evaluate the appropriateness of each option for their children. This might require an information and referral system or an agency familiar with local daytime care services. The Administration for Children, Youth and Families of HEW is currently seeking to evaluate alternative information and referral models to identify which are most effective with respect to increasing parental options on daytime care choices.

The program should do its best to assure quality in order to protect the children and meet a variety of their special and individualized needs.

A respect for cultural diversity and support for the values specific to minority and ethnic groups must be integrated into the child daytime care program.

There should be a commitment to identifying familial needs as well as the special needs of children. This requires program staff to be familiar with the range of social services in the community and to offer guidance for resolution of familial problems.

Parenting skills and training can be offered through the daytime care program that will encourage consistency in childrearing patterns between the home and daytime care. Frequent parent-staff interaction is another way of ensuring continuity, meeting children's special needs and respecting parental wishes for the care of their children, with the assumption that attempts be made to respect parental sharing of child care responsibilities.

Daytime care can become a community that brings together and supports the families that are part of it. Opportunities for parent participation and decision-making encourage parental growth and present another context in which parents can meet and work with other, similarly concerned members of the community.

Recommendations

All childrearing programs should have as their basic goal an emphasis on supplementing parental care and contributing to social development and growth of children.

- The Commission recommends, for children 3-5 years and for after school for those of school age, publicly supported universal programs which families can use at their option. The Commission further recommends that for children under 3, policy on daytime care emphasizing a variety of options for parents be explored.

- The Commission recommends the use of a variety of service delivery mechanisms, auspices and individual program alternatives to accommodate local needs for daytime care of children.

- The Commission recommends the development of consistent and equitable funding policies to eliminate confusing, conflicting and excessive regulations, standards, eligibility criteria, reimbursement levels and reporting requirements.

- The Commission recommends the designation of a single local auspice to provide interagency coordination, information, advocacy and consumer participation for all daytime care programs.

- The Commission recommends that federal money for daytime care of children include adequate amounts for training of personnel.

B. Foster Care and Adoption

Foster Care is intended to provide *temporary* care for children whose biological families are unable to provide care for them. This temporary measure is designed to allow resolution of family crisis so that the child can return home, or if the family problem is unresolvable, to allow the child to enter another permanent placement, most often through adoption.

Unfortunately, the Foster Care system has often failed to meet its goals. Too often, children are placed in foster care when less disruptive and less costly services would enable their natural families to continue to provide care. Too often, children are not promptly returned home when a temporary crisis is resolved. Too often, children live out their childhood in a system of temporary foster care, with no consistent professional attention to their needs, and no permanent ties to any single family. Too often, children who will never return to their families are not freed for adoptive placement or, if freed, are never placed with adoptive families.

In assessing the foster care and adoption system, it is imperative that we recognize the overlapping nature of the public systems designed to provide services to children and families. While this discussion concentrates on what we know about children in care in foster family homes and child welfare institutions, we believe it may be impossible to reform foster care services effectively without a comprehensive understanding of correctional, mental health, and medical programs which also house children without homes. Too often, children may be removed from the foster care system only to be placed in the correctional system with a new label; children without homes bounce from one system to another where they are re-labeled, alienated, and

often forgotten. At least 30 federal programs directly or indirectly impact on children at risk of removal or in placement. Eight federal agencies assume responsibility for these programs and there is no effort to achieve coordinating authority. This fragmentation is repeated at the state and local level.

While children should not be left in long term foster care if they can manage with temporary care, there are many situations in which foster care has to be a long term arrangement for children who are not free for adoption or are not adoptable. However, where such long term care must be used, necessary quality and protections must be pursued.

The Foster Care System

Although the Federal government is expected to spend $200 million in fiscal year 1978 to maintain children in foster family homes and child welfare institutions, there is little current federal data available on the exact number or the characteristics of children in care. A conservative estimate of the total public cost of maintaining children in "temporary" foster care placements was $850 million for fiscal year 1976.

National data collected in the early seventies has been confirmed and reconfirmed by state and regional studies. There has been no evidence of a decline in the steady rate of growth of children in such care. Minority and handicapped children are overrepresented in the foster care population.

Why Are Children Removed?

Alternatives to removal of the child are not explored or not available. Preventive services such as homemaker services, day care, 24-hour crisis intervention, emergency respite care, counseling and temporary shelter are not fully provided, even in cases where they would prevent family breakup.

The stresses which lead to out-of-home placement of children if preventive services are not available are those to which all families are

exposed. Families whose children will enter foster care are often more vulnerable to stress because of poverty, marital breakdown, or mental illness.

What Happens in Placement?

Lack of information and training for foster families contributes to multiple placements, particularly of children with special needs or behavior problems not anticipated by foster parents.

While multiple placements are common, with more than three placements appearing to be the rule for at least 25% of children in foster care, continuity is important for the development of affectional ties. Half of the foster home removals were at the request of the foster parents who felt unable to cope with their foster child's problems. In other cases, the welfare agency will remove children if they become too attached to the foster parents.

A substantial number of children are in institutional care, not for specific treatment but due to the lack of more family-like placements. It must be said, however, that some children fare better in institutions than with their families or in other group or foster family placements. Many children are sent to out-of-state institutions where contact with their families or caseworkers is non-existent. Children sent to residential institutions may be faced with serious abuses, such as drugging and seclusion, that may not be as vigorously investigated as within the home. Institutional changes are needed in visitation rights and obligations.

Other practices which prevent the resolution of special problems and closer ties between children and their natural parents are: little contact between natural parents and children; minimal contact with the caseworker for the children, natural parents and foster parents; continued failure to provide assistance in relation to the family problem which precipitated the need for foster care; and inadequate foster care placement procedures as well as poor diagnoses of problems. Some children are mis-diagnosed and placed in mental institutions, others in nursing homes and hospitals in order to be eligible for Medicaid services. There are inadequate mechanisms for

case review and for complaint procedures for parents or children to obtain case reviews. *Foster care should be a resource to the biological family on an extended family model.* The child welfare system should become a part of a family support and family counseling system.

Why Are Children Not Permanently Placed?

There are two issues involved in this question:

1) Why are parental rights not terminated for children who will not return home?

2) Why are children not adopted?

Termination of parental rights is necessary in order to make children eligible for adoption. There is an understandable reluctance to sever family ties permanently. As with the failure to return children to their natural homes, the lack of a regular and timely system of case review contributes greatly to the failure to take action to free children for termination. Once the policy decision to seek termination is made, further delays are common in processing the petition and obtaining adequate legal representation. Finally some confusion exists as to the rights of natural fathers, which will be clarified only by state legislative action which updates and streamlines termination statutes. The education of judges would aid in clarifying the issues and expediting the process.

Why Are Children Not Adopted?

Fiscal disincentives. Although a complex set of issues may prevent adoption from occuring, the most glaring problem is that there are fiscal incentives to the states to provide long-term foster care or other institutional care while there are no such incentives for adoption.

The AFDC Foster Care Program is the primary federal source of support for foster care. It provides foster care maintenance monies, but does not pay for prevention of placement, termination, or adoption. Forty-two states have adoption subsidy laws. Reimbursement covers the additional costs to the adoptive family of

raising another child and providing treatment services to children with special needs. However, although federal support for these programs is proposed, it is not currently available, and when a child is placed in subsidized adoption, the state and local cost of maintenance and medical care increases to 100%, as federal support is limited to foster care. There is thus a financial benefit to localities to leave children in foster care at Federal expense rather than seek a permanent adoptive home for them at state expense. The irony is that adoption costs are far less expensive than foster care maintenance costs.

Hard-To-Place Children

Children with handicaps and special needs were once called "unadoptable." Attitudes are changing and a more child-focused perspective is taking hold. Agencies have experienced high success rates in placing children who are older, handicapped, or from large sibling groups when active parent recruitment has been done and subsidies are available. Minority children have been traditionally neglected, but are also now being successfully placed. However, successful placement programs are the exception and not the rule. Placement is greatly facilitated by the use of regional and national exchanges which, however, have not yet received public support.

Hard-To-Find-Parents

Antiquated notions about criteria for selecting adoptive parents have prevented many older, single, and minority parents from adopting children. Some of these attitudes are changing but they still contribute to keeping many children in temporary care. Low-income families have difficulties in adopting because of the lack of adoption subsidies. This problem also prevents foster parents from adopting their foster child, due to the decrease in subsidies.

Personnel

In this system, there are heavy caseloads and inadequate training opportunities. Poor reporting practices and high staff turnover lengthen the adoption process and jeopardize chances for placement.

Recommendations

- The Commission recommends immediate attention to the problems of children without permanent homes; the development of intensive services for reuniting children with their families; investigation of discrimination based on handicap, race, ethnicity, unaccompanied refugee children; and review of out-of-state placements.

- The Commission recommends increased federal funds to encourage exploration of alternatives *prior to* removal of children from their homes in order to strengthen parental responsibility and decision-making.

- The Commission recommends full financial participation in federal adoption subsidies to provide permanent homes as an alternative to current foster care and adoption policies and practices.

- The Commission recommends that emphasis be placed on the retention of family ties in placement via formal and on-going case review through state legislated mechanisms required by federal law.

- The Commission recommends that children have independent legal representation in proceedings to determine placement, when required.

EDUCATION

"The educational tasks facing American families have become more complex and difficult. As the importance of school success in shaping life outcomes has increased, the need for families to give children the fundamentals of the academic culture (use of symbols, literacy, appropriate motivation, and so forth) has similarly increased. Many families are not and have never been in a good position to perform this function."[1]

Educational research in the 1960's began to shed new light on the relationship of the American family and the educational system, showing differences in student educational achievement to be more dependent upon factors of home environment than upon those of the school. The general national response to this research has focused upon the establishment of programs to provide compensatory experiences to students from homes where environmental deficits result in educational disadvantage and to develop partnerships with parents in behalf of their children. *The question may well be raised as to why the focus should not be on removing those environmental deficits.*

Delegation to Other Educational Institutions

The relationship between American families and the American educational system has always been characterized by both continuity and change. Education is a basic family function, concerned with the cognitive, socio-emotional and psychomotor development of its members from the dependency of early infancy to the independence of adulthood. Yet families in our society early recognized their limitations in providing those experiences which would enable development of all of the competencies necessary for adequate functioning in an increasingly complex technological and urbanized environment — and established the school as an institution secondary to the family to which the major elements of this task would be delegated. As societal conditions have changed, the nature of this delegation has changed, both in content and arrangement. The intensity of the relationship has also been variable, the concern for and about the educational system rising at times to an intense preoccupation, and falling at other times to an evident lethargy.

In view of the current debate on the extent to which the provision or acquisition of needed minimums of health and social services ought to be the responsibility of either the individual or the society, it should be noted that public policy on this matter with regard to education has long been established, at least as it pertains to children in families. Every child in this country is entitled to a general education at public expense, and much attention has been directed in recent years to assure this entitlement with respect to access, equality of opportunity,

and appropriateness for individual need — concerns which must be pursued with even greater energy and resourcefulness in the immediate future.

Scope of Educational Opportunities

One of the most significant bases upon which the performance of the American educational system has been assessed, is that of its definition of and relationship to the people it serves. This basis has changed, from *the capability of the system to select* from our entire population those who could profit from school experiences and thus become successful in adult life, to the capability to enable *all those who chose* to participate in existing school-related experiences to become successful in adult life, to the capability to *include all of a population* in individually designed educational experiences to enable them to become successf il in life — a capability not yet realized by many sectors of the educational system in relation to their responsibilities for the handicapped, the disadvantaged, the alienated, or the many who simply need continued opportunities for learning. New strategies and new leadership must be found which can expand the educational system to meet the combined challenges of universality and excellence.

One dimension for expansion is that of *multiple emphases for content:* basic skills, problem solving techniques, marketable skills, cultural interaction, aesthetic appreciation, ethics, physical fitness.

With the recognition that education is a community function of which schools are one part, another dimension for expansion involves *the utilization of community-wide resources for education;* including labor, business, industry, professional and service organizations, the media, governmental agencies, hospitals, libraries, schools, social groups, and families, among the potential resources. The opportunity and the responsibility for expansion and the development of access to each rests with each of these resource bases, individually and in interaction with each other.

In addition the traditional public school age coverage of kindergarten through grade twelve must be expanded to include life-long educational entitlements, providing opportunities for completion of basic functional-competence programs, development of new skills,

enrichment of the quality of life from new sources, and an enhanced sense of self-worth through participation in constructive contributions to community development.

This is the kind of expanded educational system that must be articulated, promoted, and developed to service the educational needs of the American future.

Concern for Educational Quality

Members of the American family have reason for concern about the educational system, especially the schools. There should be concern for the quality of instruction where appreciable numbers of students pass through the system without acquiring functional competence in language arts and computational skills, or where students spend their most important resource, time, on the acquisition of vocational skills already obsolete in the workplace. There should be support for competency-based curricula, so long as competency objectives of the classroom and laboratory accurately reflect competency requirements of the real world. The process of measurement of learning should serve first to assure a system that can enable all students to learn, secondly to ascertain whether or not they have.

There should also be concern for the content of curriculum where appreciable numbers of students pass through the system without acquiring the basic knowledge needed to understand the functioning of the human body or the behavior patterns which would contribute to the maintenance of their own bodies in a healthy state, or where students lack the motivation to discharge the elementary responsibilities of citizenship in a free society. There should be support for on-going curriculum revision, so long as the end products meet the simple test of relevancy and the more demanding one of effectiveness.

The process of curriculum revision should involve broad community participation in planning new programs, and in their implementation and operation. Community consensus should be given strong weight in determining the priorities and objectives for curriculum, but factors of specific content selection and methods of instruction should rest upon the needs of students and the state of the art for a given field.

Importance of Early Educational Intervention

Compensatory educational programs have been coupled with early intervention, attempting to reach children and to engage them in developmental experiences prior to their entry into the more traditional programs of school-based education. As more recent research has shown that life-long developmental patterns are established at earlier ages than previously assumed, these early intervention programs have been extended to younger age groups, as limited resources would permit, but generally not to the age levels which many experts believe to be of the greatest developmental importance. Furthermore, the public sector effort in this process accounts for only thirty percent of prekindergarten school enrollment; and, fifty-four percent of all preprimary enrollment is from families with annual incomes of over $10,000, in spite of the Head Start program which is primarily for children from low-income families. Nevertheless, preschool program enrollments are expanding by 20,000 additional students per age level each year and research is establishing the long term beneficial effects upon achievement for those students with preschool experiences.

Parent Roles in Education

Longitudinal evaluations of early intervention programs have established another factor as important for the family — those programs which are most effective are those which actively involve parents in the operation of the program and provide opportunities for parent skill development so that learning receives support, reinforcement and extension at home.

The net effect of parent-involved preschool education programs is quite clear — they are distinctly beneficial to the children participating in them. What is also becoming more clear is that the families best able to provide these benefits, along with the related benefits from educational television for preschool children and parenthood education programs which emphasize parent/child developmental activities from infancy, are those families whose children would have been advantaged under earlier arrangements. Thus, the prospects are

for even greater divergency between the children of the "haves" and the children of the "have-nots." *The implications for public policy are simple and clear — the provision of universal parent-involved preschool educational opportunities as a standard feature of the public educational system.*

The effect of parent-involved programs on more established programs in the educational system has thus far been slight. However, serious questions are being raised, particularly concerning school governance, which many see as an increasing polarization of organized teacher groups and board-administrator management over issues primarily of economic concern to the community power structure, to the neglect of educational concerns of students, parents and families. Support should be given to community efforts to establish tripartite school governance mechanisms for adequate representation and negotiation on behalf of family interests in educational structure and process. Similar applications should be sought for all components of the community-wide educational system.

Recommendations

There is an urgent need for a functioning and productive interaction between families and schools. Families need a variety of different educational, recreational and community activities and program supports from educational institutions; and educational institutions need a variety of different kinds of participation and support from families.

- The Commission recommends the creation of educational programs and services for the family unit, as a unit, in addition to discrete services to individuals.

- The Commission recommends the establishment of life-long educational entitlements, providing opportunities for completion of basic functional-competence programs, development of new skills, enrichment of the quality of life from new sources, and an enhanced sense of self-worth through participation in constructive contributions to community development.

- The Commission recommends the use of service-delivery sites for a multiplicity of services — education, health, daytime care of children, social services, etc. — which in combination will maximize the benefits of each.

- The Commission recommends the design of educational service programs which will diminish the impact of basic stress factors on the family unit, e.g., education for health care, for childrearing, for knowledge of resources and how to use them, for all styles of families whether or not they have children.

- The Commission recommends that educational institutions encourage and assist in the development of broad-based parent participation in educational system operations, including policy and management.

- The Commission recommends that educational institutions provide for the development by parents of those competencies which will enable their effective participation in activities designed to facilitate the development of their children:

  — the reinforcement, by home and family practice, of those learnings related to health care and nutrition, work procedures, interpersonal relations and communication, assumption of responsibility and other factors which will contribute to the quantity and quality of continued learning,

  — the assessment by the family of the quality of the many educational activities which are home-based or home controlled — television-viewing, reading, travel and social activities — in relation to their potential for learning,

  — the use of the home and family as a base for experimentation by the individual in the application of newly developed skills and knowledge, prior to use in the community at large.

- The Commission recommends increased commitments from educational institutions and families to assess productive use of the mass media for family education.

AGING

Many patterns of change have influenced the ways we grow old. Advances in medical science, changes in lifestyles and mobility have changed the numbers of elderly, the ratio of elderly women to men, and the ratio of immigrants to native born. These changes are requiring a wide variety of new arrangements in family and societal roles.

One way of perceiving this population and its effect on families is to examine some data relevant to the present general age group of 65 and over which indicates the shift in these characteristics.

- One out of every 10 persons or 22.4 million Americans are 65 and over. In 1900 the elderly numbered 3 million or one of every 25 persons. By 2000 that number will swell to 30.6 million or one in 8 persons. [1]

- The older population is increasingly female. In 1900 males outnumbered females by a ratio of 102 to 100. The current ratio is 69 males to 100 females age 65 and over. At age 75, that ratio changes to 58 males for every 100 females.[2]

- Most older women are widows while most older men are married. 39% of older women are married while nearly 79% of older men are married.[3]

- Most older persons continue to live in a family setting. 1 in 20 older persons is institutionalized.[4] Approximately 5% of the over 65 population — approximately 1 million persons — reside in long-term care facilities with most in nursing homes. Residents of nursing homes are largely the very elderly, female, white and widowed.[5]

- Since 1960 the elderly have consistently had income levels approximately half that of the younger population. In 1975, families headed by a person 65 years or older had a median income of $8,057 compared with $14,698 for younger families.[6]

Older persons now entering the 65 year group will be largely urban, Americans from birth, high school graduates, women — widowed or never married — and poorer than the younger populations.

These elements have deep implications for the role and functions of families today and tomorrow, particularly in relation to the necessity for intervention by government and other social institutions.

Who Takes Care of the Elderly?

Children routinely provided aging parents with services of various kinds including companionship and financial aid when needed, gifts, advice and counsel, and a home if necessary. Traditionally, these services were the special responsibilities of daughters who were more integrally intertwined with parents for many reasons. However, our changing society has altered these traditional responsibilities of daughters since more women work now and have less time for parents, and there are many more parents now than there are supporting children. With a decline in the birth rate and the unavailability of children, aged parents will have to look elsewhere for varied supports.

Predictions for the "Frail Elderly"

The increase of the very older, potentially more disabled population is dramatic. In 1975 almost 1 out of every 10 people over 65 (8%) were 85 and over, as compared with only 4% in 1900.[7] Projections for the years 1975-2000 for the age group of 65-69 are for an increase of 11.4%, but the age group 85 and over will soar 76.6% (89.5% for women alone); and the age group of 75-84 will jump 55%.[8]

Implications

- Older couples can maintain their relative independence even when they incur infirmities, but widows and unmarried persons have much less flexibility.
- Those aspects of housing, recreation, health care and income maintenance now provided by younger generations for their elderly parents and grandparents may need to be provided by society at large.

- The ties between children and aging parents are no longer significantly economic — either as parental control over land or other assets, or as parental dependency on children for financial support. Economic independence of each unit has become the dominant fact and ideal.

- Thus the major ties today are *emotional* including affection, guilt, attention and personal assistance. We are evolving, perhaps, a healthier, more important type of *inter*-dependency, which is being expressed extensively. The kinship network is still an operating web.

- While such independence is a dominant characteristic for today's older persons and even more so for tomorrow's aging Americans, it also portends that economic and health dependencies — when they do occur — cannot be assumed by children alone. There are fewer children, women are working, families live on the margins of their incomes, health costs are immense, and the ability to provide care is diminished.

Families and Their Parents

On the other hand, one of the myths in the field of aging relates to the belief that older people, when sick and dependent, are abandoned by their children. It is indicated that children rarely have the inclination to visit aging parents, do not provide traditional services for them and too often arrange for sheltered or nursing home care too soon.

These myths have been studied and there is strong evidence of continuing ties and responsibilities of extensive number and quality between older people and their families e.g., 54% of the patients in a nursing home had lived with children or relatives immediately prior to placement. A high proportion of families gave extensive assistance to older relatives prior to placement in a home in a whole variety of areas, and after placement in a nursing home, the average residents were visited 12 times a month by families.[9]

Housing for Elderly and the Family

The strength of a family today is enhanced by the availability of suitable, independent housing and related facilities for older, retired

parents and grandparents at prices and rentals which they can afford. The great majority of older Americans live in the community in their own homes, in apartments, in specialized housing for the elderly, or in group homes.

The ideal type and the dominant fact is that older Americans today wish to and insist on living independently of their children, even when some disability occurs. They would like to be able to live near their children and grandchildren, if they can afford it, but separate and independent of them.

The evidence indicates that this drive for independence has not diminished family ties, but has strengthened their sinews with friendship, respect, love and reciprocal services of a very frequent nature. The studies indicate that geographically independent families today may be more affectively bound together than whatever three generation homes existed 50 to 100 years ago.

However, too many older Americans of low and moderate incomes do not have the choice of obtaining suitable housing near their children and grandchildren but independent of them. They are confined by lack of income to substandard housing in deteriorating neighborhoods; vulnerable to crime and illness; in homes no longer efficient for a stage of widowhood, childlessness and some of the decrements of age. Homes may be too large, too costly, too difficult to maintain, too full of dependencies for older people.

Recommendations

- The Commission recommends the passage of legislation to assure an adequate basic income for older persons to live in dignified independence.

- The Commission recommends that financial payments be made to families or foster families who provide home care and health care services to older people and that such payments be made through the system of family allowances recommended in the Income section of this report; that families be given the incentives to achieve these family strengthening ties when they

desire to do so; and that, for older persons needing surrogate care, appropriate protective mechanisms should be made available.

- The Commission recommends that federal investment in subsidized housing for older persons should be expanded substantially and offer choices of fully independent living, congregate facilities with services to sustain independence when disability or decline occurs; small group homes for those who desire them; and adequate funding to ensure the programs and services which make housing a community rather than an anonymous shelter.

- The Commission recommends that a substantial national appropriation be enacted to provide grants and/or low interest loans to older Americans of low and moderate incomes to rehabilitate their homes for that great majority who wish to continue living in their regular communities. However, the legislation should provide that a rehabilitated home will not be assessed at an increased value and thus have higher tax consequences.

- The Commission recommends that federal and state grants be available to younger families of low and moderate incomes who wish to construct an independent addition to their homes in order to house their parents or grandparents.

- The Commission recommends that problems of inappropriate institutionalization be addressed through a forthright federal policy on long-term care for those who need it.

- The Commission recommends that federal and state grants be available for a wide range of facilities and services for independent and creative activity of older persons including:

  — Expansion of activity centers in the neighborhood, emphasizing arts and continuing education

  — Expansion of public service employment in the community for those who wish to work part or full time in important

civic employment. Efforts should be made to overcome discrimination against older people who wish to continue full or part-time employment.

- The Commission recommends the establishment of a special commission to address the concerns of safety and security of the person and property of older Americans.

CONCLUSION

A thread of cross-cutting themes ran through all of the deliberations of the Commission. Some of them are reflected in similar recommendations for several of the areas selected for action. They were noted frequently enough to merit special attention in this concluding section as follows:

Minority groups — in all of its discussion and recommendations the Commission addressed itself to the inclusion of *all* minority groups (although data may not be available for all), as well as those who perceive themselves to be members of minority groups, as recognition that all families have basic needs in common, differing as families differ and as groups to which they belong differ.

Intergenerational aspects — each discussion that dealt with any one population group generated the counterpoint that each age group, as well as the handicapped, is affected by the issues of long-term care, substitute care and inappropriate institutionalization.

Family responsibility — throughout, the Commission emphasized the need for families to assume more responsibility for themselves, which they could be expected to do with adequate supports.

Utilization of resources — an ever present injunction emphasized the need to use existing resources more effectively.

Information, coordination and advocacy — not only were these mentioned frequently as a triumvirate of interrelated recommendations, but a considerable amount of emphasis was placed on the need to *develop constituencies to speak for families.*

Elimination of barriers — there is an urgent need to cut down on the excesses of paperwork and regulations required of provider agencies.

Use of service delivery sites — in the sections on health, education, aging and personal social services, specific recommendations were made for the use of multi-purpose service centers for optimal provision of services to families.

* * * * *

The question may well be raised as to where the responsibility should lie for developing and coordinating public policy on families. While a federal department focused on families poses the problem of isolating government activity about families instead of integrating it across governmental lines, there is a need for some designated body to look at all federal policies that relate to families.

There is also a great need for the development of a broad variety of constituencies to speak in behalf of families. A significant beginning can be made through the utilization of this and other reports to generate dialogue throughout the country on the issues and recommendations of the Commission via already existing mechanisms in the public and voluntary sectors.

SUMMARY OF RECOMMENDATIONS of the NATIONAL COMMISSION ON FAMILIES AND PUBLIC POLICIES

PRINCIPLES FOR PUBLIC POLICY IN BEHALF OF FAMILIES

see also pp. 2-4

The Commission sees the following as the key issues from which a set of principles for public policy development for families can be drawn:

THE RELATIONSHIP OF FAMILY AND SOCIETY

The Commission believes neither in the dominance of the family over society nor in the dominance of society over the family, but in a circularity of interdependence between the family and society, with continuous response to social change.

FAMILY POLICY AS CHILDREN'S POLICY

The Commission recommends that family policy be conceived from an intergenerational viewpoint, to provide needed supports for singles, for childless couples, for families with children, for families with elderly people and for families with handicapped members.

STRENGTHENING FAMILIES THROUGH SOCIAL PROGRAMS

The Commission recommends that family policy provide a climate of assistance for all families, relative to their variable needs for assistance.

FEAR OF GOVERNMENT

The Commission recommends that we ensure that family policy is conducive to the self-actualization of families and their members rather than overly limiting or constraining.

RESOURCE AVAILABILITY

The Commission recommends that social policy place high priority on the allocation of resources in ways that strengthen families.

EMPLOYMENT

see also pp. 19-23

- The Commission recommends a realistic implementation of mechanisms for a national employment policy to guarantee the availability and entitlement of employment opportunities for all who want to work, with legally enforced rights to a job. Such a policy would be implemented by adequate efforts to encourage, stimulate and, to the extent necessary, subsidize employment in the private sector; provide employment in the public sector when job opportunities in the private sector are inadequate or inappropriate; require vigorous governmental action to remove improper barriers to gainful employment, with special attention to the development of options for the entry of youth into the labor market; and make a significant investment of resources to provide these guarantees.

- The Commission favors more experimentation and innovation in the use of flextime, shared work and other arrangements for full-time jobs as well as more emphasis on part-time work and part-year arrangements as recognition of new family roles for men and women, providing opportunities to stay home to take care of children or the elderly, and also as a way to begin determining the best distribution between work and leisure for different elements in our society.

SOCIAL INSURANCES
see also pp. 23-25

- The Commission recommends that steps be taken to expand Social Security to achieve universal participation and coverage.

- The Commission recommends that further study and action be taken to assure that women and men are treated equitably by the Social Security system.

- The Commission recommends that there be a thorough study and review of present inequities in the multiple systems of disability insurance, including measures currently used for assessing disability — with a view toward the development of more rational assistance to families.

FAMILY ALLOWANCE
see also pp. 25-27

- The Commission recommends adoption of a form of universal family allowance which would recognize and assist with the additional economic burden placed on families by the presence of and responsibility for minor children, handicapped family members and the frail elderly.

PUBLIC ASSISTANCE
see also pp. 27-31

- The Commission recommends that in the absence of a system for family allowance, eligibility for cash assistance income maintenance programs should be extended to all persons who qualify because of low income and resources; and that consideration be given to consolidation of currently separate programs into a single, uniformly administered cash assistance program.

- The Commission recommends that income maintenance programs be required to have a national minimum benefit level

and that as soon as possible that level be raised to the dollar value of the Federal government's established poverty level, and indexed to change as the cost of living changes.

- The Commission recommends the establishment of uniform Federal standards, regulations and information systems in order to streamline administration.

PERSONAL SOCIAL SERVICES

see also pp. 31-35

- The Commission recommends the development of a system of personal social services to approach comprehensively the evolution of family support services. The voluntary sector and all levels of government should work together to develop a system which will *buttress mutual aid efforts.* These range from isolated families who come together for mutual support in new suburbs, to those with shared problems, cases, needs. Religious groups, community centers, social agencies can offer facilities and enabling services. Families can help themselves while helping other families.

- The Commission recommends increasing the capacity of family members and close relatives to deliver and support social care services, where appropriate. This refers particularly to the elderly and the handicapped. The provision of training to family members and parents, equipment, funds, occasional "relief" in the form of temporary shelter or respite care may permit home and community care nourished in a primary group environment. Further, all human service providers should educate themselves to view families as first-line caregivers and to encourage their self-sufficiency whenever possible. This is a challenge to public policy, to public programs and to the voluntary sector.

- The Commission recommends the encouragement of a pluralistic, diverse counseling and guidance system which recognizes the many ways families in need of aid or support view their problems and take help (education, therapy, enrichment,

mutual aid). The voluntary sector can be responsible for much of the initiative, as can the several relevant professions.

- The Commission recommends experimentation with developmental and socialization activities which buttress primary group life, enhance relationships and meet some of the needs once spontaneously met by kinship groups and neighborhoods. New primary group patterns can and should be expected to appear and to flourish. On a small scale, they already have.

PHYSICAL AND MENTAL HEALTH

see also pp. 35-43

- The Commission believes that education for health and mental health care is crucial to the reversal of the many illnesses resulting from life-style, and that new approaches to health education must be developed with the recognition that patterns of health care are learned within the family unit. The Commission further recommends that such programs broadly include all members of the family unit and develop tangible ways to encourage constructive changes of life-style.

- The Commission recommends the adoption of a prepaid system of universal health services as quickly as possible, and urges that this be a matter for immediate Congressional attention.

- The Commission recommends that, in order to support and supplement the family in its functions of providing the first line of health care, changes should be made in the health care system to make available to the family as a whole as well as to individual members, a *known place,* such as multi-purpose family centers for the provision of health education, health maintenance, mental health care, health information and advice, etc. by a health care team. Such multi-purpose family centers should serve to unify the many different health services from each of the currently existing separate initiatives to assure that health needs are met.

- The Commission recommends that entry into the health care system be assured for every family for continuous and

comprehensive health care through a family health care program which can be provided in any of a number of settings, e.g., a family physician's office, a hospital outpatient department or a free standing health center.

CHILDREARING

see also pp. 43-56

All childrearing programs should have as their basic goal an emphasis on supplementing parental care and contributing to social development and growth of children.

- The Commission recommends, for children 3-5 years and for after school for those of school age, publicly supported universal programs which families can use at their option. The Commission further recommends that for children under 3, policy on daytime care emphasizing a variety of options for parents be explored.

- The Commission recommends the use of a variety of service delivery mechanisms, auspices and individual program alternatives to accommodate local needs for daytime care of children.

- The Commission recommends the development of consistent and equitable funding policies to eliminate confusing, conflicting and excessive regulations, standards, eligibility criteria, reimbursement levels and reporting requirements.

- The Commission recommends the designation of a single local auspice to provide interagency coordination, information, advocacy and consumer participation for all daytime care programs.

- The Commission recommends that federal money for daytime care of children include adequate amounts for training of personnel.

- The Commission recommends immediate attention to the problems of children without permanent homes; the

development of intensive services for reuniting children with their families; investigation of discrimination based on handicap, race, ethnicity, unaccompanied refugee children; and review of out-of-state placements.

- The Commission recommends increased federal funds to encourage exploration of alternatives *prior to* removal of children from their homes in order to strengthen parental responsibility and decision-making.

- The Commission recommends full financial participation in federal adoption subsidies to provide permanent homes as an alternative to current foster care and adoption policies and practices.

- The Commission recommends that emphasis be placed on the retention of family ties in placement via formal and on-going case review through state legislated mechanisms required by federal law.

- The Commission recommends that children have independent legal representation in proceedings to determine placement, when required.

EDUCATION

see also pp. 56-62

There is an urgent need for a functioning and productive interaction between families and schools. Families need a variety of different educational, recreational and community activities and program supports from educational institutions; and educational institutions need a variety of different kinds of participation and support from families.

- The Commission recommends the creation of educational programs and services for the family unit, as a unit, in addition to discrete services to individuals.

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AGING

see also pp. 63-68

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  — Expansion of public service employment in the community for those who wish to work part or full time in important civic employment. Efforts should be made to overcome discrimination against older people who wish to continue full or part-time employment.

- The Commission recommends the establishment of a special commission to address the concerns of safety and security of the person and property of older Americans.

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MEMBERS OF THE COMMISSION

Cynthia Wedel, Ph.D. — Chairwoman of the Commission
Mrs. Wedel's association with the American Red Cross began in 1944 as a volunteer in the program which is now called the Service to Military Families. She has served in various volunteer capacities at the Red Cross national headquarters since then. In 1973 she became the national chairwoman of volunteers, and in 1977 she was appointed Vice President. Mrs. Wedel has been active in the volunteer field in a number of organizations. She was one of the first two women to be elected as president of the six-member presidium of the World Council of Churches. She was Chairwoman of the National Council of Organizations for Children and Youth from 1973-75. She has held the post of Associate Director of the Center for a Voluntary Society and was a Board member of the National Center for Voluntary Action for 5 years. From 1960-66, Mrs. Wedel was a member of the national board of the Girl Scouts. She was a member of the committee on volunteers of the National Assembly and its chairwoman from 1966-69. The late President John F. Kennedy appointed her to the Commission on the Status of Women, on which she served from 1961-63. She later became a member of the Citizen's Advisory Committee on the Status of Women. Mrs. Wedel has also been prominent for many years in the Episcopal Church and in the Protestant cooperative church movement. She served as national president of Church Women United from 1955-58. She was also one of the four female members of the Executive Council of the Episcopal Church from 1955-61. Mrs. Wedel, who earned a Ph.D. in psychology at George Washington University, has been a lecturer in psychology at American University in Washington, D.C. She has also lectured on the ecumenical movement and is the author of several books.

Lydia Rios Aguirre, MSW, ACSW
Ms. Aguirre is currently a lecturer in Social Work at the University of Texas at El Paso and is also the Director of the Undergraduate Social Work Sequence. Ms. Aguirre has been very involved in social work throughout her career. She has been a caseworker and a supervisor in several child welfare units in Texas, a regional adoption worker, a medical social worker in several places and a senior caseworker in a counseling agency in El Paso. Ms. Aguirre is currently affiliated with numerous professional organizations, and is the author of several publications.

Scott Briar, D.S.W.
Before commencing his doctoral studies at Columbia University, Dr. Briar was a psychiatric social worker and supervisor at the Menninger Foundation in Topeka, Kansas. From 1966 through 1969, Dr. Briar served as consultant in the Office of the Secretary, the Department of HEW. In that assignment, in addition to directing a variety of projects related to income maintenance and social services, Dr. Briar served as member and principal staff person for the Department's Task Force on Exits From Poverty, which was established to develop the Department's Program for the Elimination of Poverty. Dr. Briar was a teaching fellow at Columbia University and subsequently a professor in the School of Social Welfare at the University of California at Berkeley for 12 years before going to the University of Washington in 1971 as Dean and Professor in the School of Social Work. At the University of California, Dr. Briar was a research associate in the Survey Research Center and the Center for the Study of Law and Society and served for one year as Director of the Social Welfare Research Center. In the State of Washington Dr. Briar has served for several years as member and chairman of the Advisory Committee of Region 4 of the Department of Social and Health Services, and he served as a member of the Governor's Select Panel on DSHS. He currently serves on the Manpower Task Force of the President's Commission on Mental Health.

Andrew W. L. Brown, MSW
Mr. Brown is currently the Director of Community Services, International, of the United Automobile, Aerospace and Agricultural Implement Workers of America (UAW). Mr. Brown has been employed by the UAW since 1951, his other positions being that of Assistant Director of the Community Services and Retired Workers Department and Assistant Director of the Community Services Department. Prior to his affiliation with UAW, Mr. Brown worked for the Detroit Council of Social Agencies for nine years as CIO Community Services Representative and also as Director of the Department of Services of Labor. He was a Psychiatric Social Worker in the U.S. Army from 1943-46, before which he was Assistant Secretary of Community and District Councils

of Metropolitan Detroit for the Detroit Council of Social Agencies. Mr. Brown has been very active in local, state and national community service organizations and is a member of several national human service organizations. In 1965, he received the Social Worker of the Year Award from the National Association of Social Workers.

Peter W. Forsythe, J.D.
Mr. Forsythe's current position as Vice President and Program Officer in charge of the Children's Program of the Edna McConnell Clark Foundation is representative of his many efforts to promote and facilitate social change for the improvement of the welfare of neglected and dependent children. He began his involvement with social services to children in 1966 as a member of the Citizen's Advisory Council on Protective Services and as a member of the Advisory Committee on Services to Families and Children of the Michigan Department of Social Services. Mr. Forsythe and his wife are among the founders of the Council on Adoptable Children and Spaulding for Children, a unique specialized voluntary adoption agency. Among his other positions has been that of Chief Administrator of Social Services and Director of the Office of Youth Services in the Michigan Department of Social Services. A member of the State Bar of Michigan, Mr. Forsythe is a former City Attorney of Ann Arbor, Michigan, and has engaged in private law practice. He is currently a member of the Financial Affairs and General Management Subcommittee of the NCSW National Board, as well as a member of several other national boards and committees, and has an impressive record of such service in the past.

Wallace C. Fulton, MPH
Mr. Fulton is currently Vice President for advertising, public relations and publications for the Equitable Life Assurance Society of the United States in New York City. Since March 1963, he has held the positions of Director of Community Services Division, Assistant Vice President of The Community Services Division, and Second Vice President of The Public Relations and Community Services Division of the Equitable Life Assurance Society. Prior to this time, Mr. Fulton, who holds a Masters degree in Public Health and Health Education from the University of Minnesota, held several positions related to Public Health. He was Chief of the Section of Public Health Education of the Minnesota Department of Public Health, and Assistant Professor of the Family Studies Department of the University of Minnesota. In 1954, he became a Public Health Associate of the Bureau of Public Health in Minnesota after which he was the manager of Field Services of the same Bureau of Public Health. He was a doctoral student in social psychology and family sociology, and has a C.L.U. designation from the American College of Life Underwriters.

John E. Hansan
Mr. Hansan is Director of the Government Affairs and Social Policy Unit at the American Public Welfare Association. In this position he is responsible for maintaining current information on national legislation and other developments affecting public welfare programs. From 1972 to 1975, Mr. Hansan was Chief of Staff to the Governor of Ohio, the Honorable John J. Gilligan. Prior to this, Mr. Hansan was Director of the Ohio Department of Public Welfare in Columbus, Ohio, where he supervised the administration of public assistance, child welfare services, and social services for the 88 counties of Ohio. Mr. Hansan was appointed the first Executive Director of the Community Action Commission of the Cincinnati area in December 1964. Mr. Hansan is the author of numerous publications dealing with day care, welfare and human service programs. He has also been commended by the Cincinnati City Council, the Ohio Valley Chapter of NASW and the Social Service Community of Cincinnati for his outstanding work as Director of the Community Action Commission of the Cincinnati Area.

Alfred J. Kahn, D.S.W.
Dr. Kahn is a Professor of Social Policy and Social Planning at the Columbia University School of Social Work, where he has been a faculty member since 1947. He is also co-director of the Cross-National Studies of Social Service Systems and Family Policy. Dr. Kahn has served as consultant to federal, state and local agencies, to voluntary organizations, and to foundations concerned with the planning of social services, income maintenance, child welfare and related programs, international collaboration, and social policy generally. He has held a variety of offices in professional societies, including almost six years as national chairman, Division of Practice and Knowledge of the National Association of Social Workers and its predecessor unit. He served for two terms on the NASW National Board. He was consultant to the Citizen's Committee for Children of New York City from 1948 to 1973. Dr. Kahn is well-known as an author, having written more than a dozen books, some 125 monographed articles and chapters in books, as well as a large number of book reviews. His latest work, edited jointly with Sheila B. Kamerman, is *Family Policy: Government and Families in Fourteen Countries* (Columbia University Press, fall 1978).

W. Stanley Kruger
Mr. Kruger is Director, Parent/Early Childhood and Special Programs Staff, Bureau of Elementary and Secondary Education, U.S. Office of Education. He has been employed in the U.S. Office of Education for the past fourteen years. He has participated in the administration of Titles III, VII, and VIII of the Elementary and Secondary Education Act of 1965, in addition to his many other involvements. Prior to his joining the Office of Education staff,

Mr. Kruger was for two years an Associate Professor of Education at St. John's University in New York City. He was also an Assistant Superintendent for Business Affairs and Secretary/Treasurer of the Board of Education in Aurora, Illinois. He was a member of the staff of the Office of Field Services at the University of Illinois for two years, working on surveys of school systems throughout the State of Illinois. Mr. Kruger has published numerous articles, participated in the annual conferences of many national organizations, made presentations at several regional and state conferences of education organizations, and directed several workshops and institutes sponsored by the U.S. Office of Education. In 1975, Mr. Kruger was presented the Distinguished Service Award of the National Alliance Concerned with School-Age Parents.

Jean E. Lewis, J.D.

Judge Lewis was appointed to the Bench of the Circuit Court in Portland, Oregon in 1961 and was elected in 1962 and subsequently reelected with no opposition. She was the first woman in 100 years of Oregon's statehood to occupy that position. Judge Lewis was elected State Senator in 1957, 1959 and 1961. She was the first female member of the Ways and Means Committee of the Emergency Board. She was also elected as a state Representative in 1955. She practiced law in Portland, Oregon from 1939-1943, at which time she joined the Staff of the General Counsel of the United States Treasury in Washington, D.C. until 1946 when she resumed her law practice in Portland, which she continued until 1961. Judge Lewis is a member of the Executive Committee of the National Council of Juvenile Court Judges, a past president of Oregon Juvenile Judges, as well as being a member of several other organizations.

Helena Z. Lopata, Ph.D.

Dr. Lopata is professor of sociology and the Director of the Center for the Comparative Study of Social Roles at Loyola University in Chicago. From 1970-72 she was Chairman of the Department of Sociology. From 1964-70, Dr. Lopata was an Assistant Professor, then an Associate Professor at Roosevelt University. Dr. Lopata has written a great deal during her career. Although her publications cover many topics, some recurrent subjects are those that deal with housewives and working women, ethnic cultures and communities, the aging, widows, marriage and families. Her most recent book, *Women as Widows: Support Systems* will be published in 1978. Her most recent study is that of the changing commitment of American women (ages 25-54) to work and family roles. Dr. Lopata is extremely active in the various professional societies of which she is a member. She is listed in *Who's Who in America, World Who's Who of Women, Who's Who of American Women,* and *American Men and Women of Science.*

Norman V. Lourie, M.A., D.H.L.

Dr. Lourie, as Chairman of the Washington Projects Advisory Committee of the National Conference on Social Welfare, has given leadership to the development of this Commission, as well as the other National Conference on Social Welfare Task Forces, which produced reports on social services, long term care, mental health, and social security — pension issues. Dr. Lourie is a past President of the National Conference on Social Welfare, the National Association of Social Workers, the American Orthopsychiatric Association, and the United States Committee of the International Council on Social Welfare. He has served on many major policy groups, including the President's Commission on Juvenile Delinquency and Youth Crime, as member of the Board and Chairman, Committee on Studies, Joint Commission on Mental Health of Children, and as a task force member for the President's Commission on Mental Health. He presently serves on the Executive Committee of the National Council of State Public Welfare Administrators, the Board of Delegates of the Council on Social Work Education, is President of the American Branch of the International Association of Workers for Maladjusted Children, a member of the Executive Committee of the International Council of Child Psychiatry and Allied Professions, and is on the Board of the Alan Guttmacher Institute. He is the recipient of the American Public Welfare Association W. S. Terry, Jr. Memorial Merit Award, and was awarded an honorary doctorate in Humane Letters from Adelphi University. Recently, Dr. Lourie was Chairman of a congressionally mandated task force to study the definition of developmental disabilities. His writings appear in many periodicals and books and he has carried major leadership roles in a variety of fields including child welfare, mental health, mental retardation and public welfare. He has served in an editorial capacity for several professional publications, and as a consultant for several Federal programs.

Robert M. Rice, Ph.D.

Dr. Rice is Director of Policy Analysis and Development at Family Service Association of America. His career has primarily been in the field of family service. He has held positions as a caseworker and administrator in family service agencies in several communities in Maine, Ohio, New Jersey, and New York. He has served as field consultant at Family Service Association of America as well. After 23 years in family service delivery, Dr. Rice completed doctoral work in policy studies, his present field of practice. He is the author of several articles, and most recently the book, *American Family Policy: Content and Context*, published by FSAA. Currently, he is the Chairman of the Coalition for the White House Conference on Families, a group of private national organizations with special interest in this Conference.

Sidney Spector
Mr. Spector's current position as managing partner of Senior Housing Associates in Cleveland, Ohio is indicative of his long-standing interest in and concern for housing the elderly. He was executive assistant to Mayor Carl B. Stokes of Cleveland from 1968-1970 and then became vice-president of the Leader Mortgage Company, which specialized in housing for the elderly, from 1971-1974. Prior to that he was Assistant to the Secretary of the Department of HUD for Housing for the Elderly from 1961-1965, and in charge of congressional relations for the Department from 1965-1967. His previous position was as staff director of the United States Senate Committee on Aging from 1959-1961. Mr. Spector was previously the Director of Research for the National Governors' Conference and the Council of State Governments. His professional affiliations focus on the problems of the aged. He is past vice-president of the National Council on the Aging; member of the Housing, Policy, and Research Findings Committee of the Gerontological Society; former Chairman of the Ohio Commission on Aging; a member of the National Board of the National Conference on Social Welfare; a board member of Menorah Park Jewish Home for the Aged; a board member of the National Housing Conference; a board member of the Phyllis Wheatley Association, former Chairman of the Cuyahoga County Advisory Council on Nutrition and Aging, and Committee on Older Persons of Federation for Community Planning.

Dana F. Tracy
Ms. Tracy, whose current position is that of Network Coordinator of the Coalition of Children and Youth in Washington, D.C., is now directing a grant from the Carnegie Corporation of New York to create a network of local, state and national child advocates. For two years prior to her association with the Coalition for Children and Youth, Ms. Tracy was employed by the Day Care and Child Development Council of America. She was Special Assistant to the Director as well as being an Information Specialist. She also served as a liaison between the Council members and Congress, HEW and other agencies. Ms. Tracy, who earned her B.S. degree in Human Development and Family Studies at Cornell University, is currently working on her thesis for her M.S. in Early Childhood Education at the University of Maryland. Ms. Tracy has done consultant work concerning child care and has been involved in many community activities.

John B. Turner, D.S.W. — President of NCSW
John Turner is Kenan Professor of Social Work at the University of North Carolina at Chapel Hill and former Dean of the School of Applied Social Sciences at Case Western Reserve University in Cleveland, Ohio. He has been very active on committees and commissions for the Council on Social Work

Education, the National Conference on Social Welfare, and the National Association of Social Workers and has served a term as First Vice President of the latter. Presently, he serves as Chairman of the U.S. Committee of the International Council on Social Welfare and is a member of the Institute of Medicine of the National Academy of Sciences. In addition, Dr. Turner serves as a consultant to many national and foreign organizations. He has published many articles on community organization and social work practice. Among his many other civic and professional activities, Dr. Turner served as City Commissioner, an elected public office in East Cleveland, Ohio.

Mrs. Charles F. Whitten (Eloise Culmer)
Mrs. Whitten is involved in many local, state, national and international organizations. She is a member of the Western Hemisphere Regional Council of the International Planned Parenthood Federation, as well as a member of the Board of the Planned Parenthood League of Detroit. She is a member of the Board of Directors of the Family Service Association of America, and has been a vice-president since 1975. In Michigan, she is a member of the Michigan State Mental Health Board, the Wayne County Department of Social Services, the United Foundation, and the Lula Bell Stewart Center for Single Parents. She has also been the chairperson of the Mayor's Hunger and Malnutrition Task Force in Detroit since 1975. She has her B.A. in Political Science from Temple University and her M.A. in Public Administration from the University of Pennsylvania. In 1978, she was honored with the Outstanding Citizen Award of the Michigan Chapter of the National Association of Social Workers.

George T. Wolff, M.D.
Dr. Wolff is the Director of the Family Practice Residency Program and the Family Practice Center at the Moses H. Cone Memorial Hospital in Greensboro, North Carolina. In addition to teaching responsibilities involved with this position, he is also Associate Professor of Family Practice at the University of North Carolina at Chapel Hill, and Clinical Assistant Professor of Community Medicine at Duke University Medical Center. Dr. Wolff has held many positions in national, state and local medical societies. He was Vice President of the American Academy of Family Physicians from 1977 to 1978, has been a member of the Board of Directors of the American Academy of Family Physicians from 1975 until the present, was chairman of the Commission on Health Care Services from 1975 to 1977 and is currently a member of the Norms Committee of the North Carolina Medical Peer Review Foundation, Inc. He is also a former president of the North Carolina Academy of Family Physicians as well as the North Carolina Lung Association.

Dorothy B. Hurwitz

Mrs. Hurwitz is Director of Washington Projects of the Washington Office of the National Conference on Social Welfare and has served as Project Director for the National Commission on Families and Public Policies. She has had a varied professional career as an educator, social worker and public administrator. She received a Masters Degree in Education from Teachers College, Columbia University and a Masters Degree in Social Work from the University of Maryland School of Social Work and Community Planning. She was a teacher in the New York City Public Schools, and the founder and Director of the Senior Citizens Center in Albany, New York. In the Washington area, she was a program specialist in curriculum theory at the National Education Association; Senior Planner for the Montgomery County Office of Drug Control; developed and directed Montgomery County's Information and Referral System as an integration of services project, and was a member of the Montgomery County Council Ad Hoc Committee to Study the Status of Women. Her interest and activity in the family policy field parallels her own family activity — through the changing life style of a woman from career professional to mother, to active civic leader and candidate for elective office, returning to school and a new professional career.

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Roles for Social Work in Community Mental Health Programs

6 Reports from the 1976 Task Forces on the Organization and Delivery of Human Services: The Public, Private, and Consumer Partnership

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Since 1973, when it was established, the National Conference on Social Welfare has reflected the dynamic development of human services in this nation. Today, it is the only autonomous national organization, broadly inclusive in character, which provides a truly representative national focus for discussion of health and welfare issues.

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